

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 09/01, 2017, and ending 08/31, 20 18

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization THE TASK FORCE FOR GLOBAL HEALTH INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

325 Swanton Way

City or town, state or province, country, and ZIP or foreign postal code

Decatur, GA, 30030-3001

D Employer identification number 58-1698648

E Telephone number 404-592-1430

F Name and address of principal officer: William Nichols

325 Swanton Way, Decatur, GA 30030

G Gross receipts \$ 46,208,717

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

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.taskforce.org

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The mission of The Task Force for Global Health is to solve large-scale health problems affecting vulnerable populations around the world and to build sustainable systems that protect and promote health.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	122
	6	Total number of volunteers (estimate if necessary)	6	7
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-99,832
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	85,304,040	45,383,048
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,763	201,199
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	317,413	-322,185
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	85,711,216	45,262,062
	14	Benefits paid to or for members (Part IX, column (A), line 4)	5,771,652	5,399,935
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,915,752	18,013,111
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>129,715</u>	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	40,655,354	38,360,394
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	62,342,758	61,773,440
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	23,368,458	-16,511,378
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	80,897,001	61,988,899
	22	Net assets or fund balances. Subtract line 21 from line 20	13,934,675	11,537,951
		66,962,326	50,450,948	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

William Nichols, Chief Operating Officer

Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no. _____

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of The Task Force for Global Health is to solve large-scale health problems affecting vulnerable populations around the world and to build sustainable systems that protect and promote health.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 24,593,998 including grants of \$ 195,741) (Revenue \$ 29,994,000) The Health Systems Strengthening Area includes Public Health Informatics Institute(PHII); Training Programs in Epidemiology and Public Health(TEPHINET); African Health Workforce Project(AWP) and MedSurplus Alliance(MSA). TEPHINET accomplished the following during the 2018 Fiscal Year: * The TEPHINET Global Accrediting Body accredited five field epidemiology training programs (FETPs) as a result of TEPHINET's second cycle of the accreditation of FETPs. The programs accredited in that cycle are based in Brazil, Cameroon, Kenya, Philippines, and Zimbabwe. * TEPHINET held accreditation workshops for the leadership of regional FETPs at regional scientific conferences in Amman, Jordan and Cartagena, Colombia. * TEPHINET conducted a complete overhaul to improve the content and usability of its accreditation-related documentation, including application forms and reference documents, at the recommendation of past participants in the accreditation process. * TEPHINET hosted the 2018 TEPHINET Program Directors Meeting in Johannesburg, South Africa, convening leadership from approximately 50 of our member FETPs and partner regional FETP networks. The meeting was used as a forum to get feedback on several strategic initiatives TEPHINET is undertaking, including: The improvement of the quality of TEPHINET scientific conferences; the development of an (Continued on Schedule O, Statement 1)

4b (Code:) (Expenses \$ 20,399,016 including grants of \$ 4,995,909) (Revenue \$ 11,159,180) The Neglected Tropical Disease Area includes: CWW (Children Without Worms); ITI (The International Trachoma Initiative); NTD-SC (the Neglected Tropical Disease-Support Center); MDP (The Mectizan Donation Program) and LEP(Global Partnership for Zero Leprosy). The International Trachoma Initiative (ITI) has established a unique competitive advantage within the global trachoma community based on its singular focus on trachoma, its credibility as a neutral convener and trusted ally, its flexibility and ability to lead initiatives in support of scale-up, and its role as the sole steward of Pfizer, Inc.'s Zithromax(R) drug donation. ITI fulfills three value-adding roles that contribute to the implementation of the WHO-endorsed SAFE strategy (Surgery, Antibiotic treatment, Facial cleanliness, Environmental improvement , namely: 1) stewardship of the Zithromax(R) drug donation; 2) program delivery strengthening, through operational research, knowledge sharing, capacity building and technical backstopping; and 3) partnership development, through support to the International Coalition for Trachoma Control (ICTC), spearheading WASH/NTD engagement, and mobilizing resources for trachoma. In 2018, ITI celebrated 20 years of working for a world free from trachoma and organized just-in-time shipments of over 101.5 million doses of Zithromax(R) to 17 countries, bringing the cumulative total of (Continued on Schedule O, Statement 2)

4c (Code:) (Expenses \$ 9,039,117 including grants of \$ 208,285) (Revenue \$ 3,257,441) In fiscal year 2018, The Center for Vaccine Equity made substantial progress in existing program areas, and expanded its role in current programs and added new program areas. Polio Eradication Support In support of Global Polio Eradication (GPEI), the Center successfully concluded a 2-year effort assisting 16 priority countries with planning for the transition of polio related financial and technical assets to country ministries. The Center's work in support of Polio Emergency Operations Management continues to grow with funding provided to establish an emergency outbreak response team. The team will support the Centers for Disease Control and Prevention (CDC) and other GPEI partners in high-priority surveillance and outbreak response activities around the globe. Serving as the secretariat for the US Polio National Certification Committee, CVE convened a meeting of the committee and submitted a report on the status of US containment to the Regional Certification Committee. The Polio Antiviral Initiative (PAI), the Center's antiviral development program, began a Phase 1 clinical study of the antiviral V-7404, one of two antiviral compounds with different mechanisms of action being developed in the program. The other antiviral, pocapavir, has been administered on a (Continued on Schedule O, Statement 3)

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

4e Total program service expenses 54,032,131

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	✓	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► GA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Daniel N Martins, (404)687-5620

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

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

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Teri Plummer McClure Board Chair	1.00 0.00	✓					0	0	0	
James W Curran Board Member	1.00 0.00	✓					0	0	0	
Paula Lawton Bevington Board Member	1.00 0.00	✓					0	0	0	
Mary Ann Peters Board Member	1.00 0.00	✓					0	0	0	
Charles H McTier Board Member	1.00 0.00	✓					0	0	0	
David A Ross President and CEO	39.00 1.00	✓		✓			342,303	0	0	
William P Nichols Chief Operating Officer	39.00 1.00			✓			234,914	0	0	
Heather Brooks Director of Organizational Effectiveness	39.00 1.00			✓			159,179	0	0	
Mark McKinlay Program Director	39.00 1.00			✓			235,466	0	0	
Daniel Martins Chief Financial Officer	39.00 1.00				✓		137,328	0	0	
Eric Ottesen Program Director	40.00 0.00				✓		253,117	0	0	
Dionisio Jose Herrera Guibert Program Director	40.00 0.00				✓		217,934	0	0	
Paul Emerson Program Director	40.00 0.00				✓		211,142	0	0	
Vivian Singleton Program Director	40.00 0.00				✓		220,697	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Patrick O'Carroll Program Sector Head	40.00 0.00				<input checked="" type="checkbox"/>		249,284	0	0	
Poul Olson Director of Communications	40.00 1.00				<input checked="" type="checkbox"/>		117,754	0	0	
Patrick Lammie Sr. Public Health Scientist	40.00 0.00				<input checked="" type="checkbox"/>		197,950	0	0	
Martha Rogers Program Director	40.00 0.00					<input checked="" type="checkbox"/>	237,498	0	0	
David G Addis Program Director	40.00 1.00					<input checked="" type="checkbox"/>	184,024	0	0	
Yao Sodahlon Program Director	40.00 0.00					<input checked="" type="checkbox"/>	202,109	0	0	
Ellen Wild Director of Business Strategy	40.00 0.00					<input checked="" type="checkbox"/>	155,573	0	0	
Timothy Morris Chief Information Officer - PHII/CHAMPS	40.00 0.00					<input checked="" type="checkbox"/>	194,492	0	0	
Rubina Imtiaz Program Director	40.00 0.00					<input checked="" type="checkbox"/>	217,254	0	0	
Mark Rosenberg President and CEO	39.00 1.00					<input checked="" type="checkbox"/>	162,999	0	0	
1b Sub-total							3,931,017	0	0	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							3,931,017	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** **42**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Freese Johnson Construction Company, 1355 Terrell Mill Rd Bldg 1470, Suite 100, M	Building Construction Compa	5,112,396
ViroDefense Inc, 5425 Wisconsin Avenue Suite 600, Chevy Chase, MD 20815	Antiviral research and develo	1,500,000
Deloitte Consulting LLP, 4022 Sells Drive, Hermitage, TN 37076	Consulting services	832,688
HLN Consulting, 72810 Hedgehog St, Palm Desert, CA 92260	Informatic services	595,875
Office Creations Inc, 5250 Brook Hollow Parkway, Norcross, GA 30071	Manufactures office furniture	439,874

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** **1**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 29,883					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 27,267,850					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 18,085,315					
	g	Noncash contributions included in lines 1a-1f: \$	0					
	h	Total. Add lines 1a-1f ▶		45,383,048				
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue .						
g	Total. Add lines 2a-2f ▶			0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		201,199	201,199	0	0	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a		(i) Real	(ii) Personal				
			Gross rents	624,470	0			
		b	Less: rental expenses	846,823	0			
		c	Rental income or (loss)	-222,353	0			
	d	Net rental income or (loss) ▶		-222,353	-222,353	0	0	
	7a		(i) Securities	(ii) Other				
			Gross amount from sales of assets other than inventory	0	0			
		b	Less: cost or other basis and sales expenses	0	0			
		c	Gain or (loss)	0	0			
	d	Net gain or (loss) ▶		0	0	0	0	
	8a	Gross income from fundraising events (not including \$ 29,883 of contributions reported on line 1c). See Part IV, line 18 a		0				
	b	Less: direct expenses b		99,832				
	c	Net income or (loss) from fundraising events . ▶		-99,832		-99,832	0	
	9a		Gross income from gaming activities. See Part IV, line 19 a		0			
		b	Less: direct expenses b		0			
		c	Net income or (loss) from gaming activities . . ▶		0	0	0	0
	10a		Gross sales of inventory, less returns and allowances a		0			
b		Less: cost of goods sold b		0				
c		Net income or (loss) from sales of inventory . . ▶		0	0	0	0	
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶			0				
12	Total revenue. See instructions. ▶			45,262,062	-21,154	-99,832	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,399,935	5,399,935		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	4,827,193	2,822,042	1,962,178	42,973
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	10,173,567	8,175,153	1,998,414	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	824,240	662,333	161,907	0
9 Other employee benefits	1,491,275	1,198,341	292,934	0
10 Payroll taxes	696,836	532,022	164,814	0
11 Fees for services (non-employees):				
a Management	15,270,277	14,741,153	473,786	55,338
b Legal	63,060	14,125	48,935	0
c Accounting	15,555	5,041	10,514	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	138,765	130,405	1,313	7,047
13 Office expenses	2,106,376	1,929,649	175,345	1,382
14 Information technology	761,544	413,461	348,083	0
15 Royalties	0	0	0	0
16 Occupancy	508,647	246,673	261,974	0
17 Travel	3,878,842	3,675,235	203,607	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	3,311,400	3,083,394	205,190	22,816
20 Interest	202,674	0	202,674	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	837,332	0	837,332	0
23 Insurance	186,773	36,843	149,930	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Bank Charges</u>	130,809	128,755	1,895	159
b <u>Dues and Subscriptions</u>	76,805	29,078	47,727	0
c <u>Miscellaneous</u>	182,855	154,371	28,484	0
d <u>Other Direct Program Expense</u>	10,688,680	10,654,122	34,558	0
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	61,773,440	54,032,131	7,611,594	129,715
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	0	1	
	2 Savings and temporary cash investments	55,018,822	2	31,964,714
	3 Pledges and grants receivable, net	6,153,650	3	2,441,658
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	216,765	9	847,998
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	30,525,409		
	b Less: accumulated depreciation	3,790,880		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	80,897,001	16	61,988,899	
Liabilities	17 Accounts payable and accrued expenses	2,072,587	17	2,472,336
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	412,321
	20 Tax-exempt bond liabilities	6,825,000	20	6,475,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,037,088	25	2,178,294
	26 Total liabilities. Add lines 17 through 25	13,934,675	26	11,537,951
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	25,472,002	27	26,910,932
	28 Temporarily restricted net assets	41,490,324	28	23,540,016
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), 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	66,962,326	33	50,450,948
34 Total liabilities and net assets/fund balances	80,897,001	34	61,988,899	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,262,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,773,440
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,511,378
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,962,326
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,450,948

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
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.	✓	

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,925,159	35,776,510	42,374,053	68,115,208	36,813,330	213,004,260
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	29,925,159	35,776,510	42,374,053	68,115,208	36,813,330	213,004,260
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)						
6 Public support. Subtract line 5 from line 4						213,004,260

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	29,925,159	35,776,510	42,374,053	68,115,208	36,813,330	213,004,260
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,966	4,472	8,370	89,763	825,669	932,240
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						213,936,500
12 Gross receipts from related activities, etc. (see instructions)					12	
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	79.62 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2016. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . .			
b Excess from 2014 . . .			
c Excess from 2015 . . .			
d Excess from 2016 . . .			
e Excess from 2017 . . .			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Ruled area with horizontal dashed lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-2 for questions regarding collections of art and historical treasures, including dollar amounts.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,135,100	0		2,135,100
b Buildings	25,199,867	0	2,398,563	22,801,304
c Leasehold improvements	0	0	0	0
d Equipment	3,069,777	0	1,271,654	1,798,123
e Other	120,665	0	120,663	2
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,734,529

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Payroll Liabilities	1,486,209
(3) Accrued Absences	316,861
(4) Other Accrued Liabilities	375,224
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,178,294

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e). Columns include description, sub-row identifier, amount, and total. Total revenue is 45,262,062.

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

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

Table with 5 main rows and sub-rows (a-e). Columns include description, sub-row identifier, amount, and total. Total expenses are 61,773,440.

Part XIII Supplemental Information.

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

Schedule D, Part X, Line 2 - During December 2017, the President of the United States of America signed into law the Tax Cuts and Jobs Act. Under this Act, maximum corporate tax rates were reduced from 35% to a flat rate of 21%. The Organization's tax liability for any potential unrelated business income should not be significant. There are other changes to the tax law that may affect the Organization, but the magnitude of such changes has not been determined.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58-1698648

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America and the Caribbean	0	0	Program Services	Operational research to sup	8,267
(2) East Asia and the Pacific	0	0	Program Services	Operational research to sup	823,975
(3) Europe (including Iceland and Greenland)	0	0	Program Services	Expansion of birth defects s	711,349
(4) South Asia	0	0	Program Services	Operational research to sup	533,378
(5) Sub-Saharan Africa	2	12	Program Services	To support the control and	3,262,391
(6) Russia and the newly independent states	0	0	Program Services	Support for health care wor	60,575
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2	12			5,399,935

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	Program support in ar	8,267	Wire transfer	0	N/A	N/A
(2)			East Asia and the Pacific	Program support in ar	823,975	Wire transfer	0	N/A	N/A
(3)			South Asia	Operational research	533,378	Wire transfer	0	N/A	N/A
(4)			Sub-Saharan Africa	Program support in ar	3,262,391	Wire transfer	0	N/A	N/A
(5)			Europe (including Iceland)	Program support in ar	711,349	Wire transfer	0	N/A	N/A
(6)			Russia and the new independent states	Program support in ar	60,575	Wire transfer	0	N/A	N/A
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **57**

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

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

Multiple horizontal dashed lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58-1698648

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Capital Campaign (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	29,883			29,883
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	29,883			29,883
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	0		0	0
	8 Entertainment	0		0	0
	9 Other direct expenses	129,715			129,715
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				129,715
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-99,832	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58-1698648

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|--|-----------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|--|-----------|-------------------------------------|
| a The organization? | 5a | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input checked="" type="checkbox"/> |

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|--|-----------|-------------------------------------|
| a The organization? | 6a | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Teri Plummer McClure, Board Chair	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
2	James W Curran, Board Member	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
3	Paula Lawton Bevington, Board Member	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
4	Mary Ann Peters, Board Member	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
5	Charles H McTier, Board Member	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
6	David A Ross, President and CEO	(i)	342,303	0	23,025	24,817	390,145	0
	(ii)	0	0	0	0	0	0	0
7	William P Nichols, Chief Operating Officer	(i)	234,914	0	21,142	1,055	257,111	0
	(ii)	0	0	0	0	0	0	0
8	Heather Brooks, Director of Organizational Effectiveness	(i)	159,004	0	175	14,622	23,467	197,268
	(ii)	0	0	0	0	0	0	0
9	Mark McKinlay, Program Director	(i)	235,391	0	75	21,602	24,555	281,623
	(ii)	0	0	0	0	0	0	0
10	Daniel Martins, Chief Financial Officer	(i)	130,100	5,600	1,628	12,287	39,036	188,651
	(ii)	0	0	0	0	0	0	0
11	Eric Ottesen, Program Director	(i)	253,067	0	50	18,982	1,299	273,398
	(ii)	0	0	0	0	0	0	0
12	Martha Rogers, Program Director	(i)	237,498	0	0	20,686	1,161	259,345
	(ii)	0	0	0	0	0	0	0
13	David G Addis, Program Director	(i)	184,024	0	0	16,960	22,171	223,155
	(ii)	0	0	0	0	0	0	0
14	Dionisio Jose Herrera Guibert, Program Director	(i)	217,934	0	0	19,614	35,059	272,607
	(ii)	0	0	0	0	0	0	0
15	Paul Emerson, Program Director	(i)	211,142	0	0	19,409	24,451	255,002
	(ii)	0	0	0	0	0	0	0
16	Yao Sodahlon, Program Director	(i)	202,109	0	0	18,728	34,438	255,275
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Lined area for providing supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58 1698648

Part II Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
Ellen Wild, Director of Business Strategy	(i)	155,573	0	0	12,903	753	169,229	0
	(ii)	0	0	0	0	0	0	0
Vivian Singleton, Program Director	(i)	194,180	0	26,517	23,618	15,746	260,061	0
	(ii)	0	0	0	0	0	0	0
Timothy Morris, Chief Information Officer - PHII/CHAMPS	(i)	194,492	0	0	17,236	34,505	246,233	0
	(ii)	0	0	0	0	0	0	0
Patrick O'Carroll, Program Sector Head	(i)	249,284	0	0	3,843	486	253,613	0
	(ii)	0	0	0	0	0	0	0
Rubina Imtiaz, Program Director	(i)	216,704	0	550	19,566	14,131	250,951	0
	(ii)	0	0	0	0	0	0	0
Poul Olson, Director of Communications	(i)	117,754	0	0	10,750	13,387	141,891	0
	(ii)	0	0	0	0	0	0	0
Patrick Lammie, Sr. Public Health Scientist	(i)	197,950	0	0	17,815	48	215,813	0
	(ii)	0	0	0	0	0	0	0
Mark Rosenberg, President and CEO	(i)	0	162,999	0	0	0	162,999	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58-1698648

Part I Bond Issues

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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	525,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	7,000,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	107,991							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	7,000,000							
11	Other spent proceeds	0							
12	Other unspent proceeds	0							
13	Year of substantial completion	2018							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		✓						
15	Were the bonds issued as part of an advance refunding issue?		✓						
16	Has the final allocation of proceeds been made?	✓							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✓						

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓						
b Exception to rebate?		✓						
c No rebate due?		✓						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE TASK FORCE FOR GLOBAL HEALTH INC

Employer identification number

58-1698648

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

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

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

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

First Program Service Accomplishments Description

Description

FETP alumni network to facilitate workforce mobilization during health emergencies; the development of a new continuous learning strategy to support the needs of TEPHINET's FETP network; and many more. * TEPHINET grew its newly launched global FETP alumni online community, TEPHINConnect, to more than 1,000 members. * TEPHINET and CDC co-hosted the 2018 FETP International Nights in Atlanta, Georgia, USA in April 2018. This event gives FETP trainees and graduates from around the world the opportunity to present their work at the annual Epidemic Intelligence Service (EIS) Conference. A total of twenty-one poster presenters and six oral presenters were accepted from a pool of more than 300 authors of scientific abstracts related to field epidemiology. * TEPHINET, the National Institute of Health of Colombia, and the University El Bosque in Bogota co-hosted a scientific meeting on melioidosis in the Americas in April 2018. * TEPHINET and the National Institute of Health of Colombia co-hosted the 10th TEPHINET Regional Scientific Conference of the Americas in Cartagena, Colombia, in May 2018. The event drew roughly 300 participants from across the Americas and featured 52 oral presentations and 54 poster presentations selected from a pool of more than 300 abstracts. The conference also featured seven pre-conference workshops, seven plenary sessions, and a symposium for FETP leadership from the region on lessons learned during FETP-Frontline implementation as a strategy to combat Zika and vector-borne diseases. * Participants from the TEPHINET Secretariat and network of programs participated in a meeting held by the Task Force for Global Health at the Rockefeller Foundation Bellagio Center in June 2018 to develop a roadmap for building global epidemiological capacity through field epidemiology training programs. * With support from USAID and Tulane University, TEPHINET field teams conducted the first KAP (knowledge, attitudes and practices) study on Zika in El Salvador, Guatemala and Honduras. * TEPHINET launched e-learning modules on public health laboratory core competencies, cancer prevention and control, and entomology in public health. * TEPHINET staff gave three poster presentations at the International Conference on Emerging Infectious Diseases held in Atlanta, Georgia in August 2018. PHII provided direct services to the U.S. public health system through a cooperative agreement with the CDC and funding from the de Beaumont and Robert Wood Johnson foundations. This funding supported PHII and its partners in efforts to increase the capacity of public health informaticians and other public health leaders and practitioners to improve the collection, management and use of information and information technology for protecting and improving health and reducing disparities. Key activities included in 2018 included providing technical assistance and online tools to state and local health departments in linking to private healthcare electronic records systems for the purpose of electronically reporting disease cases; in providing training to public health professionals in essential informatics competencies; and in assessing non-communicable and injury epidemiology capacity in state and/or local health departments in informatics, data and methods. The funding also supported the continuing development and use of a workforce deployment tool that assists African countries in allocating health workers to high-need areas in order to strengthen HIV treatment and prevention. Additionally, PHII is a partner on a collaborative Gates Foundation-funded project that is collecting data to reduce childhood mortality across the globe; this project is working on mortality surveillance activities at sites in Asia and Africa. Finally, this year, Emory's Department of Human Genetics and the Metabolic Nutrition Program continued to fund PHII in designing and building a health information system that streamlines multiple sources of information about patients with metabolic disorders. The new system will enable providers to manage their patients' overall healthcare needs in a more efficient manner, including specialized food and formulas prescribed for patients. AWP - The US President's Emergency Plan for AIDS Relief (PEPFAR) has set a new vision of an AIDS-free generation based on a strong evidence base particularly for antiretroviral treatment (ART) as prevention of adult transmission, prevention of mother-child transmission, and voluntary medical male circumcision. All three of the major prevention strategies towards an AIDS-free generation rely on an adequate and well trained health workforce. Like many Sub-Saharan African countries, Kenya faces shortages of health professionals, poor skill mix, and mal-distribution of workers. Over the past 14 years, the African Health Workforce Project has worked in collaboration with 8 of Kenya's health professional regulatory agencies to establish regulatory human resource information systems (rHRIS) that provide data on the expansion of the health workforce, location and number of health professionals, skill mix, and other data for program planning. These data can be analyzed to evaluate transparency, accountability, and current geographical focus of the distribution and skills of the health workforce compared with the need for professionals to improve HIV prevention, care and treatment programs. Having completed phase I-establishing rHRIS in all 8 of Kenya's regulatory agencies-the project began phase II in October 2017, which has the following objectives and accomplishments in year 1: 1) Greater dissemination of data on health professionals at the national and county levels especially through use of technology. The project held sensitization, data assessment and data analytic training workshops for 10 of the targeted 20 counties with high HIV burden. 2) Greater transparency in the distribution of health professionals especially in HIV high burden areas and hard-to-reach areas. Worked with researchers at CDC to develop a survey of PEPFAR-funded HIV clinics to provide information on their current workforce. 3) Capacity building for local/county health managers and information officers to utilize these data to ensure more appropriate distribution and deployment of health professionals and health program planning. Held data analytic training workshops for 10 of the targeted 20 counties. 4) Development of sustainable data analytic resources for national and county health officials and managers. Provided training to 10 counties on abstract writing and scientific reporting. 5) Provision of data and analyses needed at the national and county level in support of evidence driven policy development. Developed first draft of data dashboards that will be available to national and county health officials. 6) Realization of interoperability of health data systems at national and county level to provide a more complete picture of the health workforce. Completed interoperability for the regulatory and deployment HR databases that is now available in the 10 counties. MSA - A well-functioning health system ensures access to essential medical products, vaccines, and devices. By eliminating medical supply stock outs and creating access to quality supplies and working medical equipment, we can remove a significant barrier to reducing patient morbidity and mortality in low-income settings.

Schedule O, Statement 1

THE TASK FORCE FOR GLOBAL HEALTH INC

The MedSurplus Alliance is a cross-sector alliance that works collaboratively to improve access to quality donated medical products, through standards and accreditation, capacity-building, managemen

Second Program Service Accomplishments Description

Description

doses donated since its inception in 1998 to over 810 million doses. ITI continued its data management support for Tropical Data, a free mobile phone-based service to support trachoma programs as they conduct prevalence surveys, providing them with robust data for decision making on where antibiotic treatments are needed and where they can be stopped. ITI's commitment to strong stewardship of the antibiotic donation from Pfizer, coupled with its solid data management and transparent communications, have contributed to remarkable achievements by the global trachoma community in reducing the population at risk of blindness from this preventable disease from an estimated 1.2 billion people in 2000 to 142 million in 2018. With just two years left until the World Health Organization's global trachoma elimination goal, ITI will continue to enhance its support, improve its effectiveness, and increase its efficiencies to maximize impact. CWW - In FY2018, with funding from Johnson & Johnson and GlaxoSmithKline, Children Without Worms (CWW), CWW successfully designed and implemented model soil-transmitted helminthiasis (STH) control programming. As the STH Coalition secretariat, CWW convened numerous well-attended forums to share best practices with the STH community, including on scaling-up preventive chemotherapy to women of reproductive age. An annual STH Coalition Action Group meeting shared Coalition-endorsed tools including the Policy Assessment Tool, which helps national programs to assess and address STH-related policy gaps. Additionally, CWW and the Coalition helped develop the London Declaration Scorecard, which is used to monitor the global STH campaign. In FY2018, using a CWW-developed survey methodology (ICSPM), CWW and the Ministry of Health & Family Welfare - Bangladesh conducted three district-level population-based program monitoring surveys. The surveys measured prevalence and coverage of preventive chemotherapy and water and sanitation. The three 2018 surveys follow surveys conducted in 2017. Collectively, the surveys address key programmatic gaps including the addressing areas of continued high STH prevalence. Additionally, the Ministry of Health - Sierra Leone requested and received support for implementing ICSPM surveys in 2018. With initiatives like these led by CWW, other national STH control programs are increasingly accepting the use of parasitologic monitoring for data-driven decisions that are essential to success. NTD-SC Funded principally by the Bill & Melinda Gates Foundation, the U.S. Agency for International Development and the Department for International Development (UK AID), the NTD-SC aims to optimize Operational Research (OR) to eliminate neglected tropical diseases which threaten the lives and well-being of more than one billion of people in some of the world's poorest communities. As of 2018, the NTD-SC manages a portfolio of more than 180 OR projects spanning 60 countries and targeting all five neglected tropical diseases amenable to preventive chemotherapy: lymphatic filariasis, onchocerciasis, STH, schistosomiasis and trachoma. Some of these OR study products have resulted into program recommendations which the World Health Organization (WHO) has endorsed and adopted into WHO policy while others are clinical trials which may result in new therapies for NTD diseases. In addition, the NTD-SC serves as the Secretariat for the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) yearly meeting. This meeting brings together a growing group of researchers and country program implementers working to foster important collaborations to address the challenges faced by NTD programs which prevent the shared goal of eliminating these infections. The 2-day event convened nearly four hundred individuals from more than 40 countries, translating ideas into future OR projects for 2019. MDP - In 2018, 300+ million treatments were approved for onchocerciasis control and elimination in 24 African countries and in Brazil and Venezuela. Program downscaling Onchocerciasis has been eliminated in four of the six endemic countries (Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela) in the Americas. Only the Yanomami Indian region overlapping Brazil and Venezuela remains - though this is a challenge given the political climate and nomadic lifestyle of the target population. In Uganda, one additional focus stopped treatment in 2018 in Uganda where 16 out of the 17 endemic foci have completed or are under post-treatment surveillance for onchocerciasis. Plateau and Nasarawa states in Nigeria stopped treatment for onchocerciasis, which is a remarkable achievement in one of the most heavily endemic countries. In Ethiopia, treatment was stopped in Metema Focus, Amhara State, which shares a border with Sudan. National onchocerciasis Elimination Committees (NOECs) are currently established in 17 out of the 29 endemic countries. The Mectizan Donation Program facilitated cross-country participation in NOEC meetings by supporting travel for NOEC members to attend meetings in other countries. Further, NOEC chairs from four countries in Africa participated in the Fall Mectizan Expert Committee Meeting. Lymphatic Filariasis By the end of 2018, 257.7 million treatments of Mectizan and albendazole were approved for the elimination lymphatic filariasis (LF) in 23 African countries. Since the inception of the program in 2000, treatment for LF has stopped in 468 implementation units. Downscaling continues in a number of African countries where 118 million individuals no longer need treatment with Mectizan and albendazole in Benin, Burkina Faso, Cameroon, Ghana, Malawi, Mali, Niger, Nigeria, Tanzania, Togo, Uganda and Yemen. Twenty million of these will continue to receive Mectizan treatment for onchocerciasis. The donation of albendazole and Mectizan was expanded in 2018 to include countries outside of Africa to accelerate elimination of LF. Kenya, India, Samoa, American Samoa and Tuvalu began implementing the new World Health Organization's triple therapy strategy, which includes Mectizan and albendazole. The Global Partnership Zero Leprosy Program accomplished the following in 2018: 1. Established and fostered partnership * Facilitated the creation of a new global network with more than 400 organizations and individuals as members. Items collaboratively developed include: GPZL charter, long-term GPZL Framework for Action, 2018 and 2019 Strategic Outlines and work plans, values statement, partnership and advocacy plan and policy documents. * Ensured systematic, strategic and transparent discussion and negotiation to foster the efficient functioning of the GPZL Leadership Team including monthly teleconferences and two in-person meetings (Colchester and Brussels) for strategic planning. Meeting notes are available on the website. * Fostered a strong and engaged scientific and policy network that actively supports the Partnership's work through workshops at the NNN, WHO leprosy program directors' meetings and the COR-NTD meeting. GPZL members participated in an International Task Force for Disease Eradication meeting. * Implemented a communications strategy to support network and fundraising goals including unified messaging, a

Schedule O, Statement 2

THE TASK FORCE FOR GLOBAL HEALTH INC

website, monthly newsletter, social media, brochure, logo and other materials. * Executed an organizational development strategy that increased membership from the original 7 founding organizations to over 400+ organizations and individual members. Conducted mapping of potential Leaders

Third Program Service Accomplishments Description

Description

compassionate use basis to treat immune deficient individuals who are excreting poliovirus for prolonged periods. Influenza In its fifth year of operation, the Partnership for Influenza Vaccine Introduction (PIVI) extended its impact to its 14th country partner receiving vaccine, financial and/or technical support. The Partnership donated ~800,000 doses of influenza vaccine in fiscal year 2018 and provided ~\$200,000 in direct financial support to national influenza programs for capacity building activities. The project team is completing work on a dossier for use by National Immunization Technical Advisory Groups that provides guidance on the burden of disease and appropriate use of influenza vaccines. The Global Funders Consortium for Universal Influenza Vaccine Development initiated plans to establish a platform to track and provide accurate information about next generation influenza vaccines. The Center for Infectious Disease Research and Policy (CIDRAP) at the University of Minnesota has been contracted to collaborate with the Unifluvac Working Group in compiling and curating an open-access database of universal influenza vaccine candidates and technologies currently in development. Hepatitis With the support of the CDC, The Center began development of a coalition to accelerate progress toward the elimination of viral hepatitis, the leading cause of liver cancer and death for millions of people around the world. The Coalition for Global Hepatitis Elimination is bringing together public and private partners to forge consensus on elimination goals, share knowledge and experience among implementing programs, provide technical assistance, generate new knowledge through operational research, and advocate for viral hepatitis elimination. The coalition will operate as a technical hub modeled after other Task Force for Global Health disease elimination programs. Scientific Conference Management In 2018, The Center supported CDC as a co-conference organizer in managing the May National Immunization Conference, and the August International Conference on Emerging Infectious Diseases. The conferences were attended by 3,000 public health professionals and research scientists.