

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning **OCT 1, 2000** and ending **SEP 30, 2001**

B Check if applicable

- ☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return (use also for state reporting)

Please use IRS label or print or type See Specific Instructions

C Name of organization

GLOBAL HEALTH COUNCIL

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

1701 K STREET N.W.

City or town, state or country, and ZIP

WASHINGTON, D.C., 20006

D Employer identification number

52-1048393

E Telephone number

202-833-5900

F Check ☐ if application pending

G Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 527
OR ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ►

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

(H and I are not applicable to section 527 orgs)

H(a) Is this a group return for affiliates? ☐ Yes ☒ N

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ N
(If "No," attach a list.)

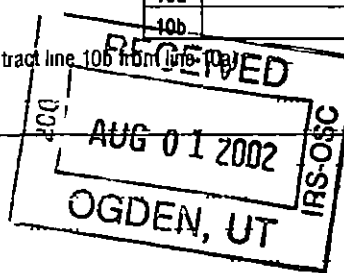
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ N

I Enter 4-digit group exemption no. (GEN) ►

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	3,453,668.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	1,468,988.	
	d Total (add lines 1a through 1c) (cash \$ 4,922,656. noncash \$)	1d	4,922,656.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	435,818.	
	3 Membership dues and assessments	3	506,700.	
	4 Interest on savings and temporary cash investments	4	273,449.	
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ►)	7			
Expenses	8 a Gross amount from sale of assets other than inventory	(A) Securities (B) Other		
	b Less cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9 Special events and activities (attach schedule)			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
Net Assets	11 Other revenue (from Part VII, line 103)	11		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	6,138,623.	
	13 Program services (from line 44, column (B))	13	4,641,730.	
	14 Management and general (from line 44, column (C))	14	1,430,238.	
	15 Fundraising (from line 44, column (D))	15	906.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	6,072,874.	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	65,749.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,155,211.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	62,603.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,283,563.	



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ 1,069,290, noncash \$	22	1,069,290.	1,069,290.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	239,595.	20,838.		0.
26 Other salaries and wages	26	1,531,017.	1,202,544.	328,473.	
27 Pension plan contributions	27	65,158.	35,733.	29,425.	
28 Other employee benefits	28	172,485.	115,962.	56,523.	
29 Payroll taxes	29	134,500.	96,674.	37,826.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	140,680.	79,059.	61,621.	
34 Telephone	34	59,992.	36,329.	23,663.	
35 Postage and shipping	35	94,007.	73,578.	20,429.	
36 Occupancy	36	227,931.	128,199.	99,732.	
37 Equipment rental and maintenance	37	62,603.	62,603.		
38 Printing and publications	38	147,931.	128,955.	18,070.	906.
39 Travel	39	556,040.	446,171.	109,869.	
40 Conferences, conventions, and meetings	40	631,539.	593,896.	37,643.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	71,137.		71,137.	
43 Other expenses (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 2	43e	868,969.	551,899.	317,070.	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	6,072,874.	4,641,730.	1,430,238.	906.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

► ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ►

INTERNATIONAL HEALTH ASSOCIATION SERVICES AND ADVOCACY

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a ADVOCACY - SEE ATTACHED					
		(Grants and allocations \$			749,535.
b CONFERENCE AND SPECIAL EVENTS - SEE ATTACHED					
		(Grants and allocations \$	1,000,000.)		2,502,296.
c GLOBAL AIDS PROGRAM - SEE ATTACHED					
		(Grants and allocations \$	69,290.)		604,672.
d MEMBERSHIP - SEE ATTACHED					
		(Grants and allocations \$			535,382.
e Other program services (attach schedule) STATEMENT 4		(Grants and allocations \$			249,845.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)					4,641,730.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	800.	45	900.
	46 Savings and temporary cash investments	5,810,312.	46	5,398,400.
	47 a Accounts receivable	672,149.		
	b Less allowance for doubtful accounts		47c	672,149.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable	136,905.	49	175,838.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	46,512.	53	58,174.
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	355,044.			
b Less accumulated depreciation	162,984.	57c	192,060.	
58 Other assets (describe ► <u>DEPOSITS</u>)	3,331.	58	5,527.	
59 Total assets (add lines 45 through 58) (must equal line 74)	6,280,127.	59	6,503,048.	
Liabilities	60 Accounts payable and accrued expenses	115,631.	60	214,180.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► <u>DEFERRED RENT ABATEMENT</u>)	9,285.	65	5,305.
66 Total liabilities (add lines 60 through 65)	124,916.	66	219,485.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,061,719.	67	2,366,388.
	68 Temporarily restricted	5,093,492.	68	3,917,175.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	6,155,211.	73	6,283,563.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,280,127.	74	6,503,048.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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a	Total expenses and losses per audited financial statements	a	6,072,874.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	6,072,874.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	6,072,874.

[illegible]

Form 990 (2000)

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CONFERENCE REG. FEES					331,575.
b CONFERENCE RENTALS					94,660.
c PUBLICATION SALES					9,583.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					506,700.
95 Interest on savings and temporary cash investments			14	273,449.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		273,449.	942,518.
105 Total (add line 104, columns (B), (D), and (E))					1,215,967.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

SEE STATEMENT 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

accompanying schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge (Important: See General Instruction W.)

1/29/02

Nils DAHLGREN, PRESIDENT & CEO

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2000

Name of the organization

GLOBAL HEALTH COUNCIL

Employer identification number

52 1048393

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>SEE ATTACHED SCHEDULE OF OFFICERS,</u>				
<u>DIRECTORS, AND KEY EMPLOYEES</u>		352,461.	24,270.	
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>12,267.</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1 X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

5	<input type="checkbox"/>	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/>	A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
7	<input type="checkbox"/>	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/>	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
10	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
11a	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
11b	<input type="checkbox"/>	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
12	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
13	<input type="checkbox"/>	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14	<input type="checkbox"/>	An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)
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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,178,507.	1,826,711.	882,024.	585,004.	10,472,246.
16 Membership fees received	416,946.	214,207.	78,306.	109,686.	819,145.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	306,209.	303,853.	220,522.	211,103.	1,041,687.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	67,775.	11,770.	4,624.	8,142.	92,311.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.			SEE STATEMENT 6 8,881.	26,425.	35,306.
23 Total of lines 15 through 22	7,969,437.	2,356,541.	1,194,357.	940,360.	12,460,695.
24 Line 23 minus line 17	7,663,228.	2,052,688.	973,835.	729,257.	11,419,008.
25 Enter 1% of line 23	79,694.	23,565.	11,944.	9,404.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 228,380.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.			SEE STATEMENT 7		26b 4,976,480.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 11,419,008.
d Add: Amounts from column (e) for lines 18 92,311. 19 22 35,306. 26b 4,976,480.					26d 5,104,097.
e Public support (line 26c minus line 26d total)					26e 6,314,911.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 55.3017%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) N/A (1998) (1997) (1996)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) N/A (1998) (1997) (1996)					
c Add: Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V Private School Questionnaire**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here ☐ If the organization belongs to an affiliated group
 Check here ☐ If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		3,101.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		9,166.
38 Total lobbying expenditures (add lines 36 and 37)	38		12,267.
39 Other exempt purpose expenditures	39		6,060,607.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		6,072,874.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500 000	20% of the amount on line 40		
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000		
Over \$1,000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1,000 000		
Over \$1,500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000		
Over \$17 000 000	\$1 000 000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		113,411.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount	453,644.	285,427.	260,884.	217,867.	1,217,822.
46 Lobbying ceiling amount (150% of line 45(e))					1,826,733.
47 Total lobbying expenditures	12,267.	5,422.	32,460.	26,899.	77,048.
48 Grassroots nontaxable amount	113,411.	71,357.	65,221.	54,467.	304,456.
49 Grassroots ceiling amount (150% of line 48(e))					456,684.
50 Grassroots lobbying expenditures	3,101.	0.	0.	1,080.	4,181.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
 b Paid staff or management (include compensation in expenses reported on lines c through h)
 c Media advertisements
 d Mailings to members, legislators, or the public
 e Publications, or published or broadcast statements
 f Grants to other organizations for lobbying purposes
 g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
 i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

GLOBAL HEALTH COUNCIL

Employer identification number
52-1048393

Organization type (check one)-Section ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note. You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (e.g., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

GLOBAL HEALTH COUNCIL

52-1048393

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>E</u> <u>E</u> <u>E</u>	\$ <u>1,606,529.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>	<u>C</u> <u>2</u> <u>A</u>	\$ <u>110,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>	<u>V</u> <u>E</u> <u>C</u>	\$ <u>203,463.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>	<u>E</u> <u>2</u> <u>2</u>	\$ <u>65,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>	<u>E</u> <u>-</u> <u>E</u>	\$ <u>274,325.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>	<u>F</u> <u>-</u> <u>4</u>	\$ <u>350,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

GLOBAL HEALTH COUNCIL

52-1048393

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 1,358,988.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
8		\$ 110,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
9		\$ 150,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
10		\$ 40,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
11		\$ 250,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
12		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

SCHEDULE A	IDENTIFICATION OF EXCESS CONTRIBUTIONS INCLUDED ON PART IV, LINE 26B	STATEMENT	7
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*** NOT OPEN TO PUBLIC INSPECTION ***

	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
	260,000.	31,620.
	230,000.	1,620.
	5,100,000.	4,871,620.
	300,000.	71,620.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		4,976,480.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
CAPITAL OUTLAY	62,603.
TOTAL TO FORM 990, PART I, LINE 20	62,603.

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MEMBERSHIP AND SUBSCRIPTIONS	14,607.	10,506.	4,101.	
PROFESSIONAL FEES	504,108.	415,434.	88,674.	
INSURANCE	12,663.		12,663.	
BANK CHARGES	17,266.	4,133.	13,133.	
COMPUTER EXPENSES	257,334.	85,165.	172,169.	
TRAINING	24,801.	11,104.	13,697.	
MARKETING	38,190.	25,557.	12,633.	
TOTAL TO FM 990, LN 43	868,969.	551,899.	317,070.	

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	VISIONS PAKISTAN	MODEL TOWN 140B LAHORE, PAKISTAN	NONE	5,030.
	VOLVER A NACER ASSOC	ALBERTO SECADAN571-INT2 CALLAO 01, PERU	NONE	5,030.
	SWAA	AFRICA	NONE	5,030.
	YAYASAN PEDULI SESMA	12 MOJOROTA-KEDIRI-JA A TIMUR INDONESIA	NONE	5,030.
	KENWA	PO BOX 57718 NARIOBI, KENYA	NONE	5,030.

IFRO	PO BOX 21150 NARIOBI, KENYA	NONE	5,030.
ASSOCIATION 'DRUGS'	MOSCOW AVE, 13/3 #90, RUSSIA	NONE	5,030.
UBUMBANO LOMAMA	PO BOX 628291, ORLANDO, FLA 32862	NONE	5,000.
FRIENDS OF THE NATION	PO BOX MC 11, TAKORIDA - GHANA	NONE	4,050.
COUNSENUTH	PO BOX 8218, TANZANIA	NONE	5,030.
DR. GAO YAOJIE	ZHENGZHOU CITY, HENAN 450000, CHINA	NONE	20,000.
ICDDR, B CENTRE FOR H & P RESEARCH	GPO BOX 128, DHAKA-1000, BAN LADESH	NONE	1,000,000

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

1,069,290

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
RESEARCH & ANALYSIS (BEST PRACTICES)		249,845.
TOTAL TO FORM 990, PART III, LINE E		249,845.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	5
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93AB	CONFERENCE REVENUES AND RENTALS - THE MOST IMPORTANT EVENT PRODUCED EACH YEAR BY THE ORGANIZATION IS A CONFERENCE TO EXPLORE A PRESSING ISSUE IN INTERNATIONAL HEALTH. THE CONFERENCE ALSO PROVIDES A FORUM FOR MEMBERS TO NETWORK, TO EXCHANGE IDEAS AND BEST PRACTICES, AND TO GATHER INFORMATION ABOUT ORGANIZATIONS AND OTHER RESOURCES OF INTEREST. THE COUNCIL CHARGES REGISTRATION AND EXHIBIT BOOTH RENTAL FEES IN ORDER TO DEFRAY A PORTION OF THE EXPENSES ASSOCIATED WITH PRODUCING THE CONFERENCE. THE ANNUAL CONFERENCE IS DIRECTLY RELATED TO THE COUNCIL'S EXEMPT PURPOSES OF PROVIDING A MECHANISM FOR SHARING INFORMATION PERTINENT TO THE CONDUCT OF INTERNATIONAL HEALTH PROGRAMS

AND OF REPORTING TO ORGANIZATIONS AND INDIVIDUALS INTERESTED IN INTERNATIONAL HEALTH.

93C THE COUNCIL PUBLISHES A VARIETY OF NEWSLETTERS, DIRECTORIES, SCHOLARLY TREATISES, AND OTHER RESOURCES. SOME OF THESE ARE AVAILABLE FREE OF CHARGE TO MEMBERS ONLY, AS A BENEFIT OF THEIR MEMBERSHIP IN THE ORGANIZATION. MOST ARE AVAILABLE FOR SALE TO THE GENERAL PUBLIC, WITH SUBSTANTIAL PRICE DISCOUNTS OFFERED TO MEMBERS. EACH PUBLICATION RELATES DIFFERENTLY TO THE COUCIL'S EXEMPT PURPOSES, DEPENDING ON ITS NATURE AND TOPIC. IN GENERAL, HOWEVER, ALL PUBLICATIONS ASSIST THE COUNCIL WITH REPORTING TO ORGANIZATIONS AND INDIVIDUALS INTERESTED IN INTERNATIONAL HEALTH AND PROVIDING ADVICE OR GUIDANCE CONCERNING ANY SUBJECT WITHIN OR RELATED TO INTERNATIONAL HEALTH.

94 ASSOCIATIONS EXIST TO PROVIDE GROUPS OF INDIVIDUALS AND ORGANIZATIONS A VARIETY OF OPPORTUNITIES TO EXPLORE OR FURTHER THE PURPOSES OF THEIR COMMON INTERESTS AND VALUES. THE COUNCIL SEEKS TO FULFILL THIS FUNCTION FOR THE INTERNATIONAL PUBLIC HEALTH COMMUNITY - GOVERNMENTAL AND PRIVATE SECTOR ORGANIZATIONS, ACADEMIC INSTITUTIONS, AND PROFESSIONALS IN EVERY HEALTH DISCIPLINE. COUNCIL MEMBERS PAY ANNUAL DUES TO GAIN ACCESS TO PROGRAMS AND SERVICES THE ORGANIZATION OFFERS. THESE DUES ARE DIRECTLY RELATED TO THE EXEMPT PURPOSE BY PROVIDING A MEANS BY WHICH THE PROBLEMS OF HEALTH CAN BE APPROACHED JOINTLY BY PRIVATE AND PUBLIC AGENCIES, AND CONCERNED INDIVIDUALS; AND OF PROVIDING SERVICES TO INDIVIDUALS AND ORGANIZATIONS INVOLVED IN INTERNATIONAL HEALTH ACTIVITIES.

SCHEDULE A	OTHER INCOME			STATEMENT	6
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	
MISCELLANEOUS			8,881.	26,425.	
TOTAL TO SCHEDULE A, LINE 22			8,881.	26,425.	

Form 990

Tax year: 10/1/00 - 9/30/01

Part II, line 42 - Depreciation Schedule

Global Health Council		Original		Accumulated
Fixed Asset Schedule		Purchase	Depreciation	Depreciation
Date	Property Description	Cost	Period	09/30/2001
Acquired				
6/97	iMIS	44,055.05	3 years	44,055.05
6/10/97	HP LaserJet 5	1,601.58	3 years	1,601.56
7/14/98	GRPRO Software	12,000.00	3 years	12,000.00
1/29/98	Gateway 2000 / SM office workstation	1,910.91	5 years	1,401.40
1/29/98	Gateway 2000 / RM office workstation	1,604.23	5 years	1,176.56
2/19/98	Gateway 2000 Server	4,928.43	5 years	3,614.16
5/19/98	Gateway 2000 / CM office workstation	2,037.00	5 years	1,391.95
5/21/98	Gateway 2000 / HC office workstation	2,037.00	5 years	1,391.95
6/8/98	Dell / workstation	2,015.00	5 years	1,343.20
6/9/98	IBM Laptop	2,878.95	5 years	1,919.20
12/30/98	Gateway Computers (5 units)	9,631.45	3 years	9,096.36
2/1/99	Gateway Computer	1,871.10	3 years	1,663.36
4/30/99	Dell Dimension XPS Computer (2 units)	4,262.65	3 years	3,433.89
6/1/99	DELL Server - VT Office	10,658.83	5 years	4,973.08
6/1/99	Dell Dimension XPS R Computer	2,158.00	3 years	1,678.32
6/1/99	Network Hub & Cable	1,247.35	5 years	582.12
6/1/99	Epson Expression 800 Scanner	1,057.70	3 years	822.64
6/1/99	Dell 400 MHZ Computer	3,049.50	3 years	2,371.88
6/1/99	Dell 400 MHZ Computer	3,415.80	3 years	2,656.64
8/25/99	DELL Server DC Office	9,267.99	5 years	4,325.16
10/29/99	Conference Exhibit Station	3,111.00	5 Years	1,244.40
11/30/99	Power Mac G4 - VT Office - SB	2,464.35	3 Years	1,574.35
12/31/99	Laptop for out of office use VT Office - Think Pad 240	1,303.25	3 Years	796.40
1/31/00	Laptop for out of office use DC office - ThinkPad 240	1,661.64	3 Years	969.15
1/31/00	Power Mac G4 - VT office - DS	2,508.35	3 Years	1,462.02
2/29/00	Table-top GHC Exhibit	1,923.00	3 Years	940.18
3/15/00	Dell Power Edge 1300- Terminal Server - VT	4,581.88	5 Years	1,959.94
3/15/00	Virus Software VT & DC Servers	2,013.00	3 Years	1,062.48
3/31/00	Gateway Computer - VT Office 433c	1,249.00	3 Years	659.11
4/30/00	Gateway Computer GP6-486C -DC Aids Dept	1,327.00	3 Years	663.48
4/30/00	Gateway Computer GP6-466C -DC Aids Dept	1,327.00	3 Years	663.48
4/30/00	IBM ThinkPad 240 for Conference Dept. - VT	1,077.58	3 Years	538.74
4/30/00	Superstack II Switch for DC Server	1,011.85	3 Years	505.98
5/1/00	Panasonic Super Hybrid Telephone System	9,260.60	5 Years	3,652.78
5/1/00	Panasonic Digital Voice Mail Processing System	3,247.90	5 Years	1,281.11
5/31/00	Gateway Select GP6-500 - DC	1,256.32	3 Years	593.30
5/31/00	Gateway Select GP6-500 - DC	1,256.31	3 Years	593.30
5/31/00	Gateway Select 750 SB - VT	1,256.32	3 Years	593.30
5/31/00	GP6-d00C - VT	1,777.99	3 Years	839.63
5/31/00	GP6-d00C - VT	1,777.99	3 Years	839.63
7/21/00	DC Carpeting	18,875.00	30 Months	7,969.51
7/31/00	Desk for Ted B	1,947.68	3 Years	809.74
8/31/00	Laptop IBM Think Pad - SH	3,748.85	3 Years	1,458.24
9/29/00	2 Desks - HR Coordinator & Accountant VT - Blue	2,095.80	3 Years	756.86
9/30/00	LCD Projector Infocus LP335 - All Staff Use - DC	4,739.69	3 Years	1,711.58
10/12/00	Interior Office Partitions for VT Office	3,375.00	44 Months	920.40
10/24/00	Painting of VT Office	4,595.00	44 Months	1,253.16
10/31/00	DC Office Computer - GP7i-800 SN 0020901444	1,408.60	3 Years	469.56
10/31/00	DC Office Computer - GP7i-800 SN 0020901445	1,408.60	3 Years	469.56

10/31/00	G4 Serial Number SXB0131C7JJ2	1,799.00	3 Years	599.64
10/31/00	G4 Serial Number SXB0131DVJJ2	1,799.00	3 Years	599.64
11/30/00	Gateway V 700 PC - VT - #0021164719 - CE	1,255.85	3 Years	383.68
11/30/00	Gateway V 700 PC- DC - #0021385417 - MT	1,110.33	3 Years	339.24
11/30/00	Gateway V 700 PC - DC - #0021385528 - EOL	1,110.34	3 Years	339.24
11/30/00	Gateway V 700 PC - VT - #0021164720 - JN	1,255.85	3 Years	383.68
11/30/00	Gateway V 700 PC- DC - #0020901444 - LG	1,255.85	3 Years	383.68
11/30/00	Gateway V 700 PC - DC - #0020901445 - AW	1,255.85	3 Years	383.68
11/30/00	Gateway V 700 PC- DC - #0020901446 - UI	1,355.85	3 Years	414.26
11/30/00	Gateway V 700 PC - DC - #0021385416 - RD	1,110.33	3 Years	339.24
11/30/2000	Payment on Kitchen Renovations - VT Office	5,280.00	43 Months	1,267.96
12/31/00	Office Furniture for Laurel MackIn & Christine Mackrls	3,923.15	3 Years	1,049.26
12/31/00	Office Furniture for Andey W, Kathy M & Terry Ficher	5,036.40	3 Years	1,349.72
12/31/00	IBM ThinkPad 570 Laptop for DC Office	2,158.90	3 Years	599.70
12/31/00	Gateway V700 PC Serial #0021993580 - DC	1,265.30	3 Years	351.50
12/31/00	Gateway V700 PC Serial #0021993581 - DC	1,265.30	3 Years	351.50
12/31/00	Gateway V700 PC Serial #0021993582 - DC	1,265.30	3 Years	351.50
12/31/00	Gateway V700 PC Serial #0021993576 - VT	1,265.30	3 Years	351.50
12/31/00	Gateway V700 PC Serial #0021993577 - VT	1,265.30	3 Years	351.50
12/31/00	Gateway V700 PC Serial #0021993578 - VT	1,265.30	3 Years	351.50
12/31/00	DC Phone & Data Upgrade DC Office	5,300.00	3 Years	1,472.20
1/18/01	Construction Library & Copier Room - VT	2,509.00	41 Months	550.80
1/31/01	WorkStation for Miller - Desk, Bookcase	1,461.00	3 Years	365.22
2/19/01	Phone Equipment & Fees - DC 8th Floor	4,615.00	47 Months	785.52
2/28/01	VPN Equipment - VT & DC Offices	27,200.00	5 Years	3,626.64
2/28/01	Notevision LCD Projector - DC Office	2,399.00	3 Years	533.12
2/28/01	Gateway PC Profile 2 433C SN 0022515308- VT	1,159.00	3 Years	257.52
3/31/01	Gateway V733C PC - Serial#0022959329 - DC	1,160.09	3 Years	225.54
3/31/01	Gateway V733C PC - Serial#0022959330 - DC	1,160.09	3 Years	225.54
3/31/01	Server Equipment - Rack Storage System DC	2,147.75	3 Years	417.62
3/31/01	Server Equipment - Rack Storage System VT	2,147.75	3 Years	417.62
3/31/01	Gateway 433 C Reman Computer - VT	1,095.95	3 Years	214.76
4/20/01	Blackbaud Accounting Software	11,000.00	5 Years	1,099.98
4/30/01	Gateway V800 C - DC Office - Volmink	1,370.52	3 Years	226.85
5/31/01	Gateway V800 C Cse PC Bauer - VT Office	1,044.80	3 Years	145.10
5/31/01	Gateway S-1700 PC CD-ROMS - DC Office	2,655.39	3 Years	368.80
6/14/01	Snap Server - VT Office	1,838.00	3 Years	204.24
7/6/01	Conference Room Furniture - VT Office	15,653.02	3 Years	1,304.43
7/31/01	Gateway Pro V900 Cse PC - DC R&A Dept - S #0024224506	1,053.27	3 Years	87.78
7/31/01	Gateway ProV900 Cse PC - DC R&A Dept - S #0024224507	1,053.28	3 Years	87.78
7/31/01	IBM ThinkPad Laptop for DC - Bauer COO	2,350.95	3 Years	195.90
8/13/01	I800 Pentium III 900, 15 Super XGA Laptop - Hall	2,704.00	3 Years	150.22
8/22/01	Dell Server	2,873.99	3 Years	159.66
8/31/01	Gateway Professional V950C - 0024736231	1,064.00	3 Years	59.12
8/31/01	Gateway Professional V950C - 0024736232	1,064.00	3 Years	59.12
8/31/01	Gateway Professional V950C - 0024736233	1,064.00	3 Years	59.12
8/31/01	IBM ThinkPad T23 - VT Office Use	4,789.94	3 Years	266.10
9/30/01	Balance Paid on COO's Furniture 8/22/01 -VT	1,631.85	3 Years	45.33
9/30/01	IBM ThinkPad Serial #787829Y - DC Office	2,907.65	3 Years	80.77
TOTAL FIXED ASSETS		355,043.74		
Furniture & Fixtures (net of acc'd depreciation)		\$ 192,060		\$ 162,884

PROGRAMS

A

ADVOCACY

The Council's Public Policy Department is committed to working with Congress, the White House, our member organizations and partners in public health to improve global health by increasing assistance to developing nations with high levels of disease and premature death, by improving children's and women's health and nutrition, by reducing unintended pregnancies, and by combating the spread of infectious diseases, particularly HIV/AIDS. The Council acts as a watchdog for global health issues and helps frame the global health agenda. We are an important conduit in that we provide our members access to senior government decision makers, as well as provide statistics and information to members of Congress so they may make informed decisions regarding our future.

B

CONFERENCE AND SPECIAL EVENTS

The Council's annual conference has been bringing public health professionals together with leaders in the field for 27 years. It is the premier event in global health where people from around the world meet in a superior forum attended by decision makers, politicians and activists. The conference is the perfect place for our members and others to meet, create or renew relationships, share their experiences, and re-energize their commitment to global health. The forum has been expanded to include an international audience through videoconferencing with various sites around the world.

In addition to the conference in June, the Council sponsors events around the world throughout the year specifically for our members. From Local-Global Health Forums to Policy Breakfasts to events like our Special Summit for World TB Day, we cooperate with partners to increase our members' opportunities to address and to advocate for our key issues.

C

GLOBAL AIDS PROGRAM

Our Global AIDS Program works to unite and strengthen worldwide response to the HIV/AIDS pandemic. Through conferences and seminars, publications and electronic communication, the program brings individuals and non-governmental organizations together to share hard-won knowledge. Acting as an advocate for the HIV/AIDS community on Capitol Hill, at the White House and in corporate boardrooms, the Global AIDS Program seeks to influence government policy and business thinking on HIV/AIDS issues.

Staff members collaborate with domestic and international AIDS organizations, governments and the private sector to support AIDS networks based outside the U.S.A., acting globally while emphasizing America's important leadership role.

The Council also sponsors the International AIDS Candlelight Memorial, which has been held for 17 years in more than 350 cities, towns and villages throughout the world.

E

PUBLICATIONS AND WEBSITE

Fulfilling its mission to advocate, build alliances and communicate ideas and best practices, the Council bi-monthly publishes a news magazine, *HealthLink*, and a newspaper, *AIDSLink* for our members. The Council has also retooled its website, www.globalhealth.org

Our dynamic publications and website give our members up-to-date news about global health issues, as well as the Council's stands on key issues. Members receive ongoing reports on public policy, HIV/AIDS, our seminars, special events and annual conference. Through these media, we disseminate current and pertinent information that uniquely contributes to the global discussion and debate on health issues.

Other publications provided by the Council include the Global Health Directory of U.S.-based organizations working in the field of global health, and the *Global AIDS Directory 2000*

E

BEST PRACTICES

The Council works through its conference, website, publications and other communications to keep global health professionals and advocates abreast of the best currently available information on what programs and interventions have the greatest impact.

Using expert members, review committees and the Council's own technical staff, the materials from a wide variety of sources are reviewed, selected for relevance and summarized where appropriate. Our aim is to serve as a timely and reliable reference point that will improve the practice and delivery of global health.

D

MEMBERSHIP

Our members are the strongest link in the Council's chain. As such, we try to be responsive to our members' needs as we look at the global health environment and keep them abreast of trends in research and in the field. We do this through our annual conference, various forums held around the world and through our publications and chat rooms on the website.

Our ranks are diverse and, as a group, knowledgeable and influential. Our members include health professionals, organizations and foundations, developing country professionals and organizations, private corporations, and schools of public health.

Because of this network, we find that our members can develop contacts within the larger public health community to advocate, build alliances and communicate ideas and best practices.

Tax year: 10/1/00 - 9/30/01

Global Health Council, Inc.

EIN 52-1048393

Part V - List of Officers, Directors, Trustee, and Key Employees

(A) Name and address	(B) Title and average hours	(C) Compensation	(D) Contributions to pension & benefit plans	(E) Expense account and allowances
Dr. Robert Black , John Hopkins University Dept. of International Health, 615 N Wolfe Street Baltimore, MD 21205	Board member	\$0	\$0	\$0
Mr. Ted Bolognani , Global Health Council 20 Palmer Court, White River Junction, VT 05001	Director of Finance & IT	\$76,158	\$4,812	\$0
Ms. Annmarie Christensen , Global Health Council 20 Palmer Court, White River Junction, VT 05001	Director of Publications	\$60,500	\$4,088	\$0
Dr. Nils Daulaire , Global Health Council 20 Palmer Court, White River Junction, VT 05001	President & CEO	\$163,437	\$11,358	\$0
Ms. Carol Emerling , American Home Products Corp , Retired 55-586 Riviera La Quinta, CA 92253	Board Chair & Secretary	\$0	\$0	\$0
Dr. William Foege , Emory University 1518 Clifton Rd. NE, 7th Floor Atlanta, GA 30322	Board member	\$0	\$0	\$0
Ms. Leslie Glanelli , Global Health Council 1701 K Street, NW, Suite 600, Washington, DC 20006	Director Public Outreach	\$74,576	\$5,143	\$0
Dr. Helene Gayle , Center for Disease Control and Prevention 1600 Clifton Road, NE Atlanta, GA 30333	Board member	\$0	\$0	\$0
Ms. Sadhana Hall , Global Health Council 20 Palmer Court, White River Junction, VT 05001	Director of Conference and Membership	\$82,500	\$5,625	\$0
Mr. Ken Kelly , Global Health Council 1701 K Street, NW, Suite 600, Washington, DC 20006	GrassRoots Manager	\$51,360	\$3,600	\$0
Mr. Joel Lamstein , John Snow, Inc 44 Farnsworth Street Boston, MA 02210-1211	Treasurer	\$0	\$0	\$0
Ms. Carol Miller , Global Health Council 1701 K Street, NW, Suite 600, Washington, DC 20006	Director of Public Policy	\$83,525	\$5,814	\$0

Tax year: 10/1/00 - 9/30/01

Global Health Council, Inc.

EIN 52-1048393

Part V - List of Officers, Directors, Trustee, and Key Employees

(A) Name and address	(B) Title and average hours	(C) Compensation	(D) Contributions to pension & benefit plans	(E) Expense account and allowances
Dr Joe Peterson, CEO 26651 West Agoura Road Calabasas, CA 91302	Board member	\$0	\$0	\$0
Dr. Barbara Pillsbury, Pacific Institute for Women's Health 2999 Overland Avenue, Suite 111 Los Angeles, CA 90064	Board member	\$0	\$0	\$0
Honorable Paul Rogers, Senior Partner, Hogan & Hartson 555 13 th Street, NW Washington, DC 20004	Board member	\$0	\$0	\$0
Dr. James Strickler, Dartmouth Medical School Strassenburgh Hall, HB 7250 Hanover, NH 03755-3862	Board Vice Chair	\$0	\$0	\$0
Dr. Louis Sullivan, President, Morehouse School of Medicine 720 Westview Drive, S W Atlanta, GA 30310-1495	Board member	\$0	\$0	\$0
Ms. Maureen White, M.Sc. 998 5th Ave New York, NY 10028	Board member	\$0	\$0	\$0

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

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

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

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	GLOBAL HEALTH COUNCIL	52-1048393
	Number, street, and room or suite no. If a P.O. box, see instructions	
	1701 K STREET N.W., NO. 600	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WASHINGTON, D.C., 20006	

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

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

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

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until MAY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for ☐ calendar year _____ or ☒ tax year beginning OCT 1, 2000, and ending SEP 30, 2001.
- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

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

Signature ► [Signature] Title ► CA Date ► 2/13/02
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

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

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

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	GLOBAL HEALTH COUNCIL		52-1048393
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
	1701 K STREET N.W., NO. 600		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	WASHINGTON, D.C., 20006		

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

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

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

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2002
 5 For calendar year _____, or other tax year beginning OCT 1, 2000 and ending SEP 30, 2001
 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension
ADDITIONAL TIME NEEDED TO GATHER ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

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

Signature and Verification

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

Signature [Signature] Title CPA Date 5/9/02

Notice to Applicant - To Be Completed by the IRS

☐ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	GOODMAN & COMPANY, L.L.P.
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	ONE COMMERCIAL PLACE, SUITE 800
	City or town, province or state, and country (including postal or ZIP code)
	P. O. BOX 3247, NORFOLK, VA 23514