Acknowledgement and Genera Entities That File Returns I	0000
Name(s) as shown on return	Employer Identification Number
TIP Global Health Entity address	**-***0827
_ 206 Santa Clara Ave	
Aptos, CA 95003	
Thank you for participating in IRS e-file.	
1. x 2020 8868-01 income tax retum for Federal The electronic filing services were provided by Peak Accounting	was filed electronically.
2. X 8868-01 income tax return was accepted on 04-26 an electronic signature. The entity entered a PIN or authorized the Electro The submission ID assigned to this return is 9540542021116d115c	nic Retum Originator (ERO) to enter or generate a PIN signature.
PLEASE DO NOT SEND A PAPER COPY OF	ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROC	ESSING OF THE RETURN.

Form	99	90	Retu	rn of Organization E	xempt From Ir	ncome	Тах		OMB No. 1545-0047			
1 01111												
				(c), 527, or 4947(a)(1) of the In				lations)	2020			
		the Treasury		t enter social security number		-	-		Open to Public Inspection			
		Service Go to www.irs.gov/Form990 for instructions and the latest information. the 2020 calendar year, or tax year beginning , 2020, and ending										
-					, 2020	i, and end	ng	D 5	, 20			
		ipplicable:		MTIP Global Health				D Emplo	over identification number 26-2490827			
<u></u>												
	itial retu	change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone return 206 Santa Clara Ave (8)										
8		rn/terminated		or province, country, and ZIP or foreign pos	stal code			G Gross	(831)234-6053			
H	nended		Aptos, CA 9					\$	1,446,443			
H		n pending	F Name and address				H(a) Is this a d		or subordinates? Yes X No			
H(b) Are all subordinates incl												
I Ta	ax-exem	pt status: X	501(c)(3) 501(c) () 🗲 (insert no.) 🗌 4947(a)	(1) or 527		If "No,"	attach a lis	t. See instructions			
JW	ebsite:		.theihanganepr	oject.com			H(c) Group e	exemption r	number 🕨			
K F	orm of o	rganization: X	Corporation Trust	Association Other ►	L Year of for	nation: 200)8 м з	State of lega	al domicile: CA			
Par	tl	Summar	y									
	1	Briefly descr	be the organization's	mission or most significant activit	ies: The Ihanga	ne Proj	ect ach	ieves	lasting			
~		improvem	ents in health	outcomes, beginning	in Rwanda, by	promoti	ng comm	unity-	-driven solutions			
Governance		that str	engthen nation	al health systems. Th	ne successful s	olution	s we co	-creat	e with local			
rna		communit	ies are shared	with the national go	overnment.							
ove	2		v	ation discontinued its operations				1 1				
Ŭ M	3	Number of v	oting members of the	governing body (Part VI, line 1a)				. 3	13			
Activities &	4	Number of ir	dependent voting mer	nbers of the governing body (Pa	rt VI, line 1b)			. 4	13			
vitie	5			ed in calendar year 2020 (Part V				. 5	3			
Acti	6			e if necessary)			· · · · · · · · · · · · · · · · · · ·					
				rom Part VIII, column (C), line 12					0			
	b	Net unrelate	d business taxable inc	ome from Form 990-T, Part I, line	e <u>11</u>			. 7b	0			
							Prior Year		Current Year			
	8	Contributions	and grants (Part VIII,	line 1h)		• •	842	2,047	1,329,410			
anı	9			, line 2g)					0			
Revenue	10		•	nn (A), lines 3, 4, and 7d) \ldots				204	69			
Re	11), lines 5, 6d, 8c, 9c, 10c, and 11				,771	38,825			
	12		-	11 (must equal Part VIII, column			920	,022	1,368,304			
	13			Part IX, column (A), lines 1-3) .					0			
	14				•••••				0			
s				oyee benefits (Part IX, column (A			381	,293	496,853			
use				IX, column (A), line 11e)					0			
Expenses					28,20							
ш	17			A), lines 11a-11d, 11f-24e)				,263	724,117			
	18			nust equal Part IX, column (A), li				,556	1,220,970			
	19	Revenue les	s expenses. Subtract	line 18 from line 12	• • • • • • • • • • • •			3,466	147,334			
Net Assets or Fund Balances	20	Total assats	(Dort V line 16)				nning of Curre		End of Year			
sset Bala	20		· · ·	· · · · · · · · · · · · · · · · · · ·			108	3,215	305,505			
et A und I	21		, ,				100	015	49,955			
Par	22 + II		re Block	ract line 21 from line 20	• • • • • • • • • • • •	••	108	8,215	255,550			
				s return, including accompanying schedule	s and statements, and to the b	est of my know	wledge and bel	lief. it is				
				an officer) is based on all information of wh			0					
		Wend	Z Leonard, MD									
Sigr			e of officer					Dat	e			
Here				Executive Director								
	-	D	print name and title	DIIGUUI								
		Print/Type pre	parer's name	Preparer's signature	Date		Check	if	PTIN			
Paic		Jason M	ersman		11-03-	2021	self-em		P00367442			
	arer			Accounting Services,			Firm's EIN	,				
	Only			io Del Mar Blvd STE			Phone no.					
				CA 95003	-			831-6	588-6481			
May t	he IRS	S discuss this		er shown above? (see instruction	s)							

Form	n 990 (2020) TIP Global Health	26-2490827	Page 2
Pa	rt 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 Ihangane Project achieves lasting improvements in health outcomes, begin	ning in Rwand	a, by
	promoting community-driven solutions that strengthen national health systems	. The success:	ful
	solutions we co-create with local communities are shared with the national g	overnment.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 👖	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes <u>x</u>	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	the total expenses, and revenue, if any, for each program service reported.		
		•	
4a	(Code:) (Expenses \$650,062 including grants of \$) (Revenue)
	E-Heza: TIP's E-Heza Data Solutions is a digital application that can be use		
	tablet designed by and for the frontline health worker. E-Heza captures esse		
	point of care to improve the health of mother and child by providing frontli		
	with immediate insights to help personalize information and advice, and help		
	well-being of her child. That data is automatically linked to the Ministry o		
	providing timely and accurate data reports for better public health policy d 2018, E-Heza has improved quality of care for over 60,000 mothers and childr	-	-
	reach nearly 250,000 patients across Rwanda. With endorsement from Rwanda's		
	TIP is working to scale E-Heza throughout Rwanda to serve as a foundation fo		
	care.	I AII OL PIIM	ar y
4b	(Code:) (Expenses \$ 131,241 including grants of \$) (Revenue	\$)
	Aheza Fortified Food (AFF): provides consistent, affordable fortified porrid	ge to hospita	ls,
	nongovernmental org's, and community members while subsidizing the cost of f		
	the highest risk children. Nutrition is an essential component of adequate p	rimary care;	health
	centers have long struggled with stock outs of fortified porridge and commer		
	often too expensive for rural families to access. AFF is a social enterprise		
	in 2015 to address stock outs of porridge needed to treat childhood malnutri	tion. Porridge	e is
	sold in bulk to NGOs, governments and social enterprises who then provide th	e porridge to	their

beneficiaries for free or low cost. Profits from Aheza sales subsidize the cost of free distribution of porridge to high risk children in Ruli. Since its launch in 2015, TIP's Aheza program has provided over 2.4 million servings of porridge to over 42,000 Rwandans, 92% of whom are high-risk for malnutrition.

4c	(Code:) (Expenses \$86,180 including grants of \$) (Revenue \$)
	Women's Association and Hope Initiative. Hope Initiative: The Ihangane Project is conducting
	research on the influence of hope on health outcomes. We began by identifying an objective tool
	for measurement, called the Herth Hope index. We worked with healthcare workers and healthcare
	recipients to ensure that this index- originally established in the United States- would be valid
	and reliable in the Rwandan context. We are conducting an in depth analysis of influencers of
	hopelessness and hopefulness in health care systems and will identify interventions based upon
	this analysis. Our first objective is to demonstrate the ability to increase hopefulness among
	healthcare workers and healthcare recipients. Ultimately, we will demonstrate that hopefulness is
	critical to improvements in health outcomes and that it must be considered in the design of
	effective health systems.

4d	4d Other program services (Describe on Schedule O.)							
	(Expenses \$	141,539	including grants of \$) (Revenue \$)			
4e	Total program service e	xpenses 🕨	1,009,022					

Form	990 (2020) TIP Global Health 26-24908	27	P	age 3							
Pa	rt IV Checklist of Required Schedules										
			Yes	No							
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"										
_	complete Schedule A	1	х								
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х								
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to										
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x							
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x							
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-									
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x							
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-									
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If										
	"Yes," complete Schedule D, Part I	6		x							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,										
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"										
	complete Schedule D, Part III	8		х							
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a										
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or										
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x							
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments										
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x							
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.										
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110	77								
h	complete Schedule D, Part VI	11a	х								
D.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x							
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		-							
Ũ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x							
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets										
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x								
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х								
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses										
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x							
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete										
	Schedule D, Parts XI and XII	12a		х							
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If										
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x							
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	<u> </u>							
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	14b	v								
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	140	х								
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x							
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		<u> </u>							
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x							
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on										
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x							
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on										
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x							
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?										
	If "Yes," complete Schedule G, Part III	19		x							
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х							
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b									
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or										
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x							

Form	990 (2020) TIP Global Health 26-2490	327	Р	Page 4			
Pa	Part IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J	23		х			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b						
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year						
	to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x			
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?	054					
26	If "Yes," complete Schedule L, Part I	25b		x			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		v			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		x			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee						
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						
	persons? If "Yes," complete Schedule L, Part III	27		x			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			~			
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
-	"Yes," complete Schedule L, Part IV.	28a	x				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x			
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		x			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						
	conservation contributions? If "Yes," complete Schedule M.	30		x			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II	32		x			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,						
	or IV, and Part V, line 1	34		x			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x			
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.	38	x	<u> </u>			
Par							
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-					
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	-					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1-					
	reportable gaming (gambling) winnings to prize winners?	1c		<u>i</u>			

a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b	Form	990 (2020) TIP Global Health 26-249)827	F	2age 5
2a Ener the number of emptyses reported on Fam W-3. Transmittal of Wage and Tax 2a 3 b # a test one is reported on line 2.a, did the organization file all required federal emptyment tax (etum?). 3a X b # a test one is reported on line 2.a, did the organization file all required federal emptyment tax (etum?). 3a X b The starting the enderdary set, did the organization here an inflated to exilit (see instructions). 3b X b The starting the enderdary set, did the organization here an inflated account (? 4a X b If '''''''''' '''''''''''''''''''''''''	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-
Statements, field for the calendar year ending with or within the year covered by the statum 2 2 x Note: The sum of lines 1 and 2a is greater than 26.0, you may be required to a field gene instructions). 20 30 a 3 x b 1' vas: 'Insi field a form 980-7 for this year? /' No' to line 3b, provide an explanation or Schedule 0. 30 a At any time during the calendar year, did the organization have an interest in, or a signature or other subhorty over, af inarchal account is a foring roomary (such as a bank account security accounts in security calendar) year, did the organization that are normally greater than 5100.000, and did the organization that were not take doubtible as charitable combiology. 4a x b 1' ves: 'note the same of the foreign country (such as a bank account security account securit				Yes	No
b If a least one is reported on line 2n, dd the organization file all required te series (explained to series	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions). Image: Section 2000 30 Didt the organization have unitable business grows is socients of 3100 or more during the year?. 3a x 41 At any time during the calendar year, dd the organization have an interest is unitable accounts or other financial accounts (FBAR). 3b 3b 52 Section 507 (time quantum store FinCEN Ferm 114, Report of Foreign Bark and Financial Accounts (FBAR). 4a x 54 West the organization to a protivited tax shelter transaction at any time during the tax year? 5a x 55 West the organization have arround gross receipts that are normally greater than \$100,000, and did the organization have arround gross receipts that are normally greater than \$100,000, and did the organization have arround gross receipts that are normally greater than \$100,000, and did the organization have arround gross receipts that are normally greater than \$100,000, and did the organization have parts that are normally present than \$100,000, and did the organization have parts that are normally greater than \$100,000, and did the organization have arround gross receipts that are normally present the stacked outlinks are normally for goods and services provided to the paryor? 7a x 6 Messare that are normal start that are normal start that such combinations are party the goods and services provided to the paryor? 7a x 111 "Yest,		Statements, filed for the calendar year ending with or within the year covered by this returm 2a	3		
3a Del the organization have unrelated business gross income of \$1,000 or more during the year?	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	x	
b If Yes,' has it field a Form 900-T for this year/ if Yo''s in line 3b, provide an explanation on Schedule O. Ib Ib a At any time dump the caledade year, diff to organization have an interest in, or a signature or other utinonity over, in a financial account? Ia Ia b I''Yes,'' refar the name of the foreign countly (such as a bark account securities account or other financial account)? Ia Ia <t< th=""><th></th><th>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)</th><th></th><th></th><th></th></t<>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4 At any time during the calendar year, dif the organization have an interest in, or a signature or other subholty over, a functional account (?). 4 x a functional account is or forging country (such as back account, securities account, or other functional account)? 4 x b If "Yes," enter the name of the foreign country → EW 5a x b Was the organization in the organization in the foreign Bark and Financial Accounts (FBAR). 5a x b Use any taxable path notify the organization in the rows or is a party to a prohibited tax shelter transaction? 5b x c If 'Yes' in the Sa or 5b, dift the organization in form 888-72. 5c 5c x c Does the organization include with every solicitation and tax deductable from 888-72. 5c 5c x 7 Organization stata may receive aduatable contributions under section 170(c). Did the organization include with every solicitation and parity far goods and services provided? 7a x 7 Organization stata may receive aduatable dispose of targing the personal proceive (or which was required to file Form 8282? 7c x 7d x 7 Tyse," did the organization notify the down of the value of the space provided? 7d x 7d x 7	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х
a funcial accourt in streign courty (such as bark accourt, securities accourt, or other financial accourt)? 4a x b If 'Yes,' enter the name of the freeign courty is a prohibited tax shafer transaction at any time during the tax year? 5a x 5w Was the organization the organization the two or is a party to a prohibited tax shafer transaction? 5b x c If 'Yes' to line 5a or 5b, dit the organization the form 8869-72. 5a x b If 'Yes' to line 5a or 5b, dit the organization the form 8869-72. 5a x b If 'Yes' to line 5a or 5b, dit the organization the form 8869-72. 5a x b If 'Yes' to line 5a or 5b, dit the organization the organization the organization necklew that ween on tax deductible cas charatable corributions or glits were not tax deductible? 6b 6b 7 Organization receive a payment in exceeds of S7 made party as a corribution and party for goods and services provided to the paya? 7a x d If 'Yes', fulcate the number of Forms 8282 filed duing the yesr. 7d 7d x d If 'Yes', fulcate the number of Forms 8282 filed duing the year? 7d 7d x d If 'Yes', fulcate the number of Forms 8282 filed duing the year? 7d 7d x f If 'Yes', fulcate the number of Forms 8282 filed duing the year? 7d x 7d x <th>b</th> <th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</th> <th>. 3b</th> <th></th> <th></th>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13b c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 16 x	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 16 X	12a		. 12a		
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Note: See the instructions for additional information the organization must report on Schedule O. Image: the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instruction of the organization of the organization of the organization receives on hand Image: the instruction of the organization of the organization of the organization receives any payments for indoor tanning services during the tax year? Image: the instruction of the organization of the organization of the organization receive any payments for indoor tanning services during the tax year? Image: the instruction of the organization of the organization of the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Image: the organization and the organization subject to the section 4968 excise tax on net investment income? Image: the organization of the organization and the organization subject to the section 4968 excise tax on net investment income? 16 X	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 16 X	b	Enter the amount of reserves the organization is required to maintain by the states in which			
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 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	С	Enter the amount of reserves on hand			
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 x 	14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		х
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 x 	b				
excess parachute payment(s) during the year?	15				
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16			. 15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		. 16		x

Form **990** (2020)

Form	1990 (2020) TIP Global Health 26-24908	327	F	Page 6
Pa	rt 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 instruction	IS.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion 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		х
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		х
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		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		х
	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		x
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Wendy Leonard, MD (831)234-6053, 206 Santa Clara Ave, Aptos, CA 95003

Form 990 (202	D) TIP Global Health	26-2490827	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employee	s, 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 t	nis table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's t	ax year.		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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(14)	Director		х						0	0	0
	<u>(14)</u>										

	990 (2020) TIP Global Health	1								26-2	490827	F	Page 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, an	nd H	ligh	est Co	omp	ensated Employe	es (continued))		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles er and	Pos eck m is per d a dir	son i: rector	han one s both ar //trustee) Highest compensated)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)) org	(F) mated arr of other ompensat from the anization ed organiz	r tion and
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(25)													
1b	Subtotal					•••	•••	· •					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		• • •		•••	•••	•••	• •	75,000		0		0
2	Total number of individuals (including but not limit reportable compensation from the organization	ted to those								of	0		0
	reportable compensation from the organization											Yes	No
3	Did the organization list any former officer, direc		-				-						
4	employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sum of re									••••	3		x
-	organization and related organizations greater th	•	•					•					
	individual										4		x
5	Did any person listed on line 1a receive or accrue	•		-			-				-		
Sect	for services rendered to the organization? If "Yes ion B. Independent Contractors	s, complete	Sched	ule J	1 101	Suc	in pers	ion		••••	5		X
1	Complete this table for your five highest compensation												
	compensation from the organization. Report comp (A)	Densation for	the cal	enda	ar ye	are	enaing	with	or within the orga (B)	nization's tax ye	ear. (C))	
	Name and business addres	SS							Description of servi	ces	Comper		
								<u> </u>					
2	Total number of independent contractors (includin	ig but not lim	nted to	thos	e lis	ted a	above)) wh	0				

►

received more than \$100,000 of compensation from the organization

Form 9	90 (20	20) TIP Global Health	L				26-24908	27 Page 9
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a response	or n	ote to any line in thi	is Part VIII			[]
		·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues	1b					
ants nts	c	Fundraising events	1c					
Gra Dou	d	Related organizations	1d					
ifts,	e	Government grants (contributions)	1e					
s, G	f	All other contributions, gifts, grants,	-					
Sir		and similar amounts not included above	1f	1,329,410				
ibut	g	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	1g	\$ 25,000				
ଗ ପ	h	Total. Add lines 1a-1f			1,329,410			
				Business Code				
	2a							
vice	b							
Ser	c							
eve	d							
Program Service Revenue	e							
Ę.		All other program service revenue						
	g	Total. Add lines 2a-2f	••	••••				
	3	Investment income (including dividends, inter-						
		other similar amounts)			69			69
		Income from investment of tax-exempt bond p						
	5	Royalties	••					
	6.	(i) Real		(ii) Personal				
		Gross rents 6a Less: rental expenses 6b						
		Rental income or (loss) 6c	-					
		Net rental income or (loss)	_					
		`´´		(ii) Other				
	/a	Gross amount from (i) Securities sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
Ð		and sales expenses 7b						
enu	c	Gain or (loss) 7c						
Rev		Net gain or (loss)	•••					
erl	8a	Gross income from fundraising						
đ		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising events		· · · · · · •				
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
liscellanous Revenue Revenue Ba Ba Ba Ba Ba Ba C C ther Kevenue C d C d C d C d C d C d C d C d C d C	Less: direct expenses	9b						
	C	Net income or (loss) from gaming activities	· ·	· · · · · · •				
	10a	Gross sales of inventory, less	10-					
		returns and allowances	10a					
		Less: cost of goods sold	10b		20.025	20.025		
	C	Net income or (loss) from sales of inventory	••		38,825	38,825		
	112			Business Code				
au								
fent								
Rev		All other revenue						
Σ		Total. Add lines 11a-11d		••••				
		Total revenue. See instructions			1,368,304	38,825	0	69

TIP Global Health **Statement of Functional Expenses**

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all o	columns. All other orga			
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	i otal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	75,000	52,500	11,250	11,250
6	Compensation not included above, to disgualified				• • •
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	411,738	395,076	7,605	9,057
8	Pension plan accruals and contributions (include	,		.,	2,007
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,115	7,865	1,125	1,125
11	Fees for services (nonemployees):		14003	1,123	±,±2J
a	Management				
b		313		313	
c		5,213		5,213	
d		5,215		5,215	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Э	(A) amount, list line 11g expenses on Schedule O.)	470,307	405,191	60,777	4,339
12	Advertising and promotion	9,792	781	7,480	1,531
13	Office expenses	2,716	2,093	400	223
14	Information technology	2,710	2,095	100	223
15	Royalties				
16	Occupancy	26,927	7,413	19,514	
17	Travel	13,605	11,218	2,387	
18	Payments of travel or entertainment expenses	13,005	11,210	2,30/	
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20		(1,095)		(1,095)	
20 21	Payments to affiliates	(1,095)		(1,095)	
21	Depreciation, depletion, and amortization	424		424	
22 23					
23 24	Insurance Other expenses. Itemize expenses not covered	18,493		18,493	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	-				
~	(A) amount, list line 24e expenses on Schedule O.)	70.010	EE 010	16.000	
	Materials/supplies	72,213	55,313	16,900	
b	Combat with COVID 19	14,940	14,847	93	1.00
C d	Training/Meetings/Education	38,096	21,513	16,414	169
d	Community Support	17,247	17,247	16 440	
е 25	All other expenses	34,926	17,965	16,448	513
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,220,970	1,009,022	183,741	28,207
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here F if				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	20) TIP Global Health	26	6-249	0827 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	107,403	1	278,765
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As:	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,118			
	b	Less: accumulated depreciation 10b 1,730	812	10c	388
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	26,352
	16	Total assets. Add lines 1 through 15 (must equal line 33)	108,215	16	305,505
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	49,955
	26	Total liabilities. Add lines 17 through 25	0	26	49,955
		Organizations that follow FASB ASC 958, check here 🔹 🕨 🕱			
ŝ		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	108,215	27	255,550
ala	28	Net assets with donor restrictions		28	
Б Б		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	108,215	32	255,550
	33	Total liabilities and net assets/fund balances	108,215	33	305,505

EEA

Form **990** (2020)

Form	990 (2020) TIP Global Health 2	6-249082	7	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	368,	304
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	220,	970
3	Revenue less expenses. Subtract line 2 from line 1	3		147,	334
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		108,	215
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		255,	550
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • • •	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• • • • • •	2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • • • •	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?	••••	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

SCH	EDU	ILE	Α
(Form	990	or 99	0-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

7)		2020
-,	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	2020

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

o www.irs.gov/Form990 for instructions and the latest in

Open to Public

Intern	al Re	venue Service Got	o www.irs.gov/Fo	orm990 for instructions	and the l	atest info	rmation.	Inspection
Name	of th	e organization					Employer identification	on number
		lobal Health	O (())	• .• .• .			26-249082	
	rt I						t.) See instructions	S
	orga	inization is not a private foundation bec		•	•	,		
1		A church, convention of churches, or						
2		A school described in section 170(b						
3		A hospital or a cooperative hospital s	•					
4		A medical research organization ope	rated in conjunctio	n with a nospital describ	ed in sect		(1)(A)(III). Enter the	
-		hospital's name, city, and state:					tel	
5		An organization operated for the bene	•	university owned or opera	ated by a g	jovernmen	tal unit described in	
~		section 170(b)(1)(A)(iv). (Complete	,		470/4/4			
6		A federal, state, or local government	•					
7		An organization that normally receive			/emmentai	unit or noi	m the general public	
0		described in section 170(b)(1)(A)(vi						
8		A community trust described in section		, , ,	rotod in or	niunation	with a land grant called	
9		An agricultural research organization or university or a non-land-grant colle						Je
		university:	ge of agriculture (s		e name, ci	iy, and siat	e of the conege of	
10	х	An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons memb	ership fees and gross	
10		receipts from activities related to its e					-	
		support from gross investment income						
		acquired by the organization after Ju						
11	П	An organization organized and opera						
12	П	An organization organized and operation	•					5
		of one or more publicly supported or	-					
		Check the box in lines 12a through 12	-					
	а	Type I. A supporting organization						-
		the supported organization(s) the				-		-
		supporting organization. You mu	-					
	b	Type II. A supporting organization	n supervised or co	ontrolled in connection w	ith its supp	orted orga	anization(s), by having	
		control or management of the sup	porting organization	on vested in the same pe	rsons that o	control or r	manage the supported	
		organization(s). You must comp	olete Part IV, Sect	ions A and C.				
	С	Type III functionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated wi	th,
		its supported organization(s) (se	e instructions). Yo	u must complete Part l	V, Section	ns A, D, ar	nd E.	
	d	Type III non-functionally integr	ated. A supporting	g organization operated i	n connecti	ion with its	supported organizatio	n(s)
		that is not functionally integrated.	The organization g	generally must satisfy a d	istribution I	requiremer	nt and an attentiveness	
		requirement (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	s a Type I,	Type II, Type III	
		functionally integrated, or Type II						
	f	Enter the number of supported organ						••••
	g	Provide the following information abo		ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
							-	
					Yes	No		<u> </u>
(A)								
(B)								
(C)								

(D)

(E) Total

	dule A (Form 990 or 990-EZ) 2020 TIP Globa art II Support Schedule for Organiza		ibed in Sect	ions 170(b)([,]	1)(A)(iv) and	26-24908 170(b)(1)(A)	
	(Complete only if you checked th				•		lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
_	ction A. Public Support		1	1	1	1	
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
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						
	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						<u></u> ▶ _
Se	ction C. Computation of Public Support					1 1	
14	Public support percentage for 2020 (line 6, c		-			14	%
15	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organization						
	box and stop here. The organization qualified						
ł	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qu	-		-			
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the facts	-and-circumsta	ances test. The	e organization	qualifies as a p	oublicly support	ed
	organization						
ł	o 10%-facts-and-circumstances test - 2019.	If the organization	ation did not ch	eck a box on li	ine 13, 16a, 16	Sb, or 17a, and	line
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac						
	organization						
18	Private foundation. If the organization did r	ot check a box	k on line 13, 16	a, 16b, 17a, o	r 17b, check th	is box and see	
	instructions						<u></u> ► □

Pa	rt III Support Schedule for Organiz						
	(Complete only if you checked the						ler Part II.
	If the organization fails to qualify	/ under the tes	sts listed belo	ow, please co	mplete Part I	l.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	339,727	309,942	536,990	842,047	623,669	2,652,37
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose	1,289	17,763	33,515	77,771	116,964	247,30
3	Gross receipts from activities that are not an	27203	277700	337513			217,000
Ū	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						
5							
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5	341,016	327,705	570,505	919,818	740,633	2,899,67
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	138,000	198,500	349,995	264,000	335,494	1,285,98
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	135,000	65,490	8,909		18,092	227,49
С	Add lines 7a and 7b	273,000	263,990	358,904	264,000	353,586	1,513,48
8	Public support. (Subtract line 7c from						
	line 6.)						1,386,19
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	341,016	327,705	570,505	919,818	740,633	2,899,67
	Gross income from interest, dividends,			,			
	payments received on securities loans, rents,						
	royalties, and income from similar sources	27	21	25	204	69	34
h	Unrelated business taxable income (less	41	61	25	201		54
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
	Add lines 10a and 10b	27	21	25	204	69	34
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
2	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.)	341,043	327,726	570,530	920,022	740,702	2,900,02
4	First 5 years. If the Form 990 is for the orga	nization's first,	second, third, f	fourth, or fifth ta	ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here						· · · · ► [
Se	ction C. Computation of Public Suppor	t Percentage	•				
5	Public support percentage for 2020 (line 8, c	olumn (f), divid	ed by line 13, o	column (f))		15	47.80
6	Public support percentage from 2019 Sched		-			16	42.11
Se	ction D. Computation of Investment Inc					-	
7	Investment income percentage for 2020 (line			ne 13. column	(f))	17	0.00
8	Investment income percentage for 2020 (inte					18	0.00
	33 1/3% support tests - 2020. If the organiz						
30							
۲.	17 is not more than 33 1/3%, check this box	-	-	-			
α	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	box and stop h	iere. The organ	nization qualifie	es as a publicly	y supported orga	anization 🕨 🗋

²⁰ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	In A (Form 990 or 990-EZ) 2020 TIP Global Health 26-24908 t IV Supporting Organizations			age
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, comple			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Par		•	
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part \	/.)	
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	lines 3b and 3c below.	3a		
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	5			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
-	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	•		
5	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
0-2		0		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more discuslified persons, as defined in section 4946 (other than foundation managers and organizations)			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))2 If "Ves." provide detail in Part VI	00		
h	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b		04		
-	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	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? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b				
	determine whether the organization had excess business holdings.)	10b		

Sched	ule A (Form 990 or 990-EZ) 2020 TIP Global Health 26-2490	827	F	Page 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11k)	
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	110	:	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	and a star of the second se		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 t	ax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	/		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 (se	e instru	ctions).
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see l		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	_	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
~	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? <i>If "Yes" or "No," 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 the organization of the org			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA	Schedul	e A (Form 99	u or 990-l	⊨Z) 2020

edule A (Form 990 or 990-EZ) 2020 TIP Global Health Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Organiza	26-249	90827 Pag
Check here if the organization satisfied the Integral Part Test as a qualifying the second se			in in Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	•		,
manucional All other Type in non-unclionally integrated supporting orga		-	(B) Current Yea
ection A - Adjusted Net Income		(A) Prior Year	(optional)
Net short-term capital gain	1		(optional)
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		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
			(B) Current Yea
ection B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			(optional)
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 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
 7 Recoveries of prior-year distributions 	7		
B Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
 Check here if the current year is the organization's first as a non-functional 	-	ated Type III supporting	g organization
(see instructions).	,	71 · · · · · · · · · · · · · · · · · · ·	

Schedule A (Form 990 or 990-EZ) 2020

	le A (Form 990 or 990-EZ) 2020 TIP Global Health		26-249	0827 Page 7		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	Section D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exem	npt purposes	1			
	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions 3			
	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in Part VI)	5			
	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	organization is respons	ive			
	(provide details in Part VI). See instructions.	-	8			
9	Distributable amount for 2020 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(1)	(ii)	(iii)		
Sec	tion E - Distribution Allocations (see instructions)	(i) Evene Distributions	Underdistributions	Distributable		
		Excess Distributions	Pre-2020	Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from					
	Section D, line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
e	Excess from 2020					
EEA			Sche	edule A (Form 990 or 990-EZ) 2020		

Schedule A (For	m 990 or 990-EZ) 2020	TIP Global Health		26-2490827	Page 8
Part VI	Supplemental Info	rmation. Provide the explanat	tions required by Part II, line 10; Pa	art II, line 17a or	17b; Part
			b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, a		
	B, lines 1 and 2; Pa	art 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 1	le; Part V, Section D, lines 5, 6, an	d 8; and Part V,	Section E,
			dditional information. (See instruct		
01. Un	usual grants	(Part II or Part I	II, line 1)		
Unusual	grant 1 - \$149,99	8			
Unusual	grant 2 - \$200,00	0			
_					
Unusual	grant 3 - \$259,74	:1			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2020

Name of the organization	Employer identification number
TIP Global Health	26-2490827
Organization type (check one):	

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Page 2 Employer identification number

TIP Global Health

26-2490827

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>1</u>	CRI Foundation PO BOX 171014 Boston MA 02117	\$200,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Grand Challenges Canada 661 University Avenue, MaRS Centre, Toronto CA	\$259,741	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Johnson & Johnson Foundation One Johnson & Johnson Plz Ste W New Brunswick NJ 08933	\$ 149,998	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Robert Wood Johnson Foundation 50 College Rd Princeton NJ 08540	\$127,120	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Imago Dei Fund PO BOX 170025 Boston MA 02117	\$90,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Segal Family Foundation 67 Mountain Boulevard Ste 201 Warren NJ 07059	\$80,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	

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TIP Global Health

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Part I	Contributors (see instructions). Use duplicate copies of R	Part I if additional space is n	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Bonnie & Andrew Weiss PO BOX 171014 Boston MA 02117	\$50,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	CapCon Foundation 4300 Stevens Creek Blvd Ste 275 San Jose CA 95129	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	Corona Action Rwanda / Alan & Gill Suite 111, First Floor, Clock Tower V & A Waterfront Cape SF	\$	PersonImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_10	David Weekley Family Foundation 1111 N Post Oak Rd Houston TX 77055	\$25,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>11</u>	Izumi Foundation One Financial Center Boston MA 02111	\$ <u>33,125</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	Johnson & Johnson Africa Innovation PO BOX 171014 Boston MA 02117	\$37,900	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	

Schedule B	(Form 990,	990-EZ, or	990-PF)	(2020)
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	Page	2
r	identification number	

TIP Global Health

Employer identification numb 26-2490827

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is no	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13	Risk Pool Fund 150 Fayetteville Street Raleigh NC 27601	\$ <u>29,959</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_14	Terry Furgerson 1104 N Sage Ct Sunnyvale CA 94087	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15	Shockwave Foundation 2168 15th St San Francisco San Francisco CA 94114	\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_16	Crissie Fulton & George Fechter 1 Trimont Ln Pittsburgh PA 15211	\$ <u> </u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_17	Blakeley Lowry 8 Bayberry Ln Mount Kisco NY 10549	\$5,249	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_18	Susan & Tom Stenovec 1795 Tiburon Way San Luis Obispo CA 93401	\$5,718	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	

Schedule B	(Form 990,	990-EZ, or	990-PF)	(2020)
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Employer identification number
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TIP Global Health

26-2490827

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contribution		(d) Type of contribution				
<u> 19</u>	Wendy Leonard 206 Santa Clara Ave Aptos CA 95003	\$25,000	PersonxPayrollNoncashx(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Part II

Employer identification number 26-2490827

TIP Global Health

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

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

	Unreimbursed services.		
19			
		\$	12-31-2020
(-) NI-		(-)	
(a) No.	(b)	(C)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a) No.		(c)	
from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate)	Date received
Parti		(See instructions.)	
		\$	
		· ·	
(a) No.		(c)	
from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(C)	(d)
from Part I	Description of noncash property given	FMV (or estimate)	Date received
Parti		(See instructions.)	
		\$	

SCHEDULE I	D
(Form 990)	

Supplemental Financial Statements

SCHEDULE D	Suppleme	ntal Financial Statements	ļ	OMB No. 1545-0047
(Form 990) ► 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.			2020	
Dependence of the Treesure	► Attach to Form 990			Open to Public
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.		ition.	Inspection	
Name of the organization			Employer identification	number
TIP Global Hea	lth		26-2490827	,
Part I Organ	zations Maintaining Donor Advised F	Funds or Other Similar Funds or Acco	unts.	
Compl	ete if the organization answered "Yes" o	on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds ar	nd other accounts
1 Total number a	t end of year			
2 Aggregate valu	e of contributions to (during year)			
3 Aggregate valu	e of grants from (during year)			
4 Aggregate valu	e at end of year			
5 Did the organiz	ation inform all donors and donor advisors in	writing that the assets held in donor advised		
funds are the c	rganization's property, subject to the organiza	ation's exclusive legal control?		. 🗌 Yes 🗌 No
6 Did the organiz	ation inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used		
only for charita	ble purposes and not for the benefit of the dor	nor or donor advisor, or for any other purpose		
	•	<u> </u>	••••	. 🔄 Yes 🔄 No
	ervation Easements.			
	lete if the organization answered "Yes"			
	conservation easements held by the organizat			
	on of land for public use (e.g., recreation or ec		a historically importa	
	of natural habitat	Preservation of	a certified historic st	ructure
	on of open space			
		ed conservation contribution in the form of a co	nservation	
	e last day of the tax year.		-	the End of the Tax Year
			. 2a	
-	-			
c Number of cor	servation easements on a certified historic str	ucture included in (a)	. 2c	
d Number of cor	servation easements included in (c) acquired	after 7/25/06, and not on a		
historic structur	e listed in the National Register		. 2d	
	servation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the	
tax year ►				
	es where property subject to conservation eas			
-	ization have a written policy regarding the pe			
	enforcement of the conservation easements it			. 🔄 Yes 🔄 No
6 Staff and volun	eer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservation	on easements during	the year
▶		•		
	inses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements during the	year
►\$				
		ve satisfy the requirements of section 170(h)(4		
and section 17				. 🔄 Yes 🔄 No
	-	ion easements in its revenue and expense stat		
		ote to the organization's financial statements th	at describes the	
	accounting for conservation easements.			
		s of Art, Historical Treasures, or O	ther Similar As	sets.
	plete if the organization answered "Yes"		<u> </u>	
-		58, not to report in its revenue statement and b		
		blic exhibition, education, or research in further	ance of public	
	e, in Part XIII the text of the footnote to its fina			
-		58, to report in its revenue statement and balar		
		exhibition, education, or research in furtherand	ce of public service,	
•	owing amounts relating to these items:			
-		asures, or other similar assets for financial gain	n, provide the	
following amou	nts required to be reported under FASB ASC	958 relating to these items:		

a Revenue included on Form 990, Part VIII, line 1 > \$

▶ \$

Sched	dule D (Form 990) 2020 TIP Global Health						26-249			age 2
Pa	Irt III Organizations Maintaining Collect	tions of Art, His	stori	cal T	reasures	, or Ot	her Similar A	Assets (c	ontin	ued)
3	Using the organization's acquisition, accession, and oth	ner records, check ar	ny of th	ne follo	wing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition	d		Loan c	or exchange	program	IS			
b	Scholarly research	е		Other	-					
c	Preservation for future generations									-
4	Provide a description of the organization's collections a	and explain how they	furthe	or the c	vraanization's		numose in Part			
-	XIII.		Turtile		ngamzatione	скопр				
5	During the year, did the organization solicit or receive d	lonations of art histor	rical tr		oo or othor o	imilor				
5									- -	1
Der	assets to be sold to raise funds rather than to be main		organi	zation	s collection?	• • • •		🗌 Ye	S	No
Fai	ITT IV Escrow and Custodial Arrangeme		~ ^^	0 Do	wt I\/ line	0	wo wood on on			
	Complete if the organization answer		11 99	0, га	ut iv, iine	9, 01 16	eponeu an an	nount on	FOILU	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or other									1
				•••		• • • •		∐ Ye	s	No
b	If "Yes," explain the arrangement in Part XIII and comp	lete the following tab	le:							
							Α	mount		
С	Beginning balance						;			
d	Additions during the year			• • •		. 1d	1			
е	Distributions during the year					. <u>1</u> e	•			
f	Ending balance					. <u>1f</u>				
2a	Did the organization include an amount on Form 990, P	Part X, line 21, for esc	row o	or custo	odial account	liability?	?	🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII. Check he	ere if the explanation	has b	een pr	ovided on Pa	art XIII				
Pa	rrt V Endowment Funds.									
	Complete if the organization answer	ed "Yes" on Forr	n 99	0, Pa	irt IV, line	10.				
	(a) Cu	rrent year (b) P	rior yea	ar	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years b	back
1a	Beginning of year balance						-			
b	Contributions									
С	Net investment earnings, gains, and									
d	Grants or scholarships									
е										
	programs									
f	Administrative expenses									
g										
9 2	Provide the estimated percentage of the current year en	nd halance (line 1 a. c	nolum	n (a)) h	held as:					
a	Board designated or guasi-endowment	%	Joranni	(u)) i						
h	Permanent endowment %									
0										
С	Term endowment ►% The percentages on lines 2a, 2b, and 2c should equal 1	100%								
20			ra hal	dand	o dooiniato ro d	for the				
3a	Are there endowment funds not in the possession of the	e organization that a	ie nel	u and i	aummstered	ioi line			Yes	NI-
	organization by:							0-(1)	res	No
	., .							3a(i)		
								3a(ii)		
b		•		• R?.				3b		
4	Describe in Part XIII the intended uses of the organiza	tion's endowment fur	nds.							
Pa	Int VI Land, Buildings, and Equipment.		~~~	~ ¬						~
	Complete if the organization answer									0.
	Description of property	(a) Cost or other basis	(b)		r other basis	.,	Accumulated	(d) Boo	k value	
		(investment)	_	(c	other)	d	epreciation			
1a	Land		_							
b	Buildings									
C	Leasehold improvements									
d	Equipment	2,118					1,730			388
е	Other									
Tota	al. Add lines 1a through 1e. (Column (d) must equal For	rm 990, Part X, colui	mn (B), line	10.c.)					388

Schedule D (Form 990) 2020		
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EEA

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) ue from Wendy	390
(2prepaid Payroll	5,039
(3) Inventory	20,923
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	26,352

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 inco	ome taxes	
(2)Credit Ca	ard Payable	(45)
(3 L oan to A	Aheza	50,000
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 25.) . 🕨	49,955

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

		26-2490827	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments	_	
С	Other losses	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt 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 F	SCHEDULE F (Form 990) Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.						
(Form 990)							
Department of the Treasury Internal Revenue Service	16. 2020 Open to Public Inspection						
Name of the organization	Employer identification number						
TIP Global Healt	26-2490827						
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on							
Form 990	D, 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?							

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

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

	(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) ຣາ	ub-Saharan Africa	1	7	Program services	Nutrition, solar	1,009,022
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)	•					
(9)						
(10)						
<u>(11)</u>						
(12)						
(13)						
<u>(14)</u>						
(15)						
<u>(16)</u>						
(17)						
3a b	Subtotal	1	7			1,009,022
с	Totals (add lines 3a and 3b)	1	7			1,009,022

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

Part I									
	Part IV, line 15, fo	or any recipient who	received more than \$5,00	0. Part II can be	duplicated if addit	ional space is	needed.	1	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2		-	ove that are recognized as chariti						
		-	n the grantee or counsel has prov				▶		
3	Enter total number of other o	rganizations or entities					•		

TIP Global Health

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Page **2**

EEA

Schedule F (Form 990) 2020

(c) Number of recipients	(d) Amount of cash grant	cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Page 3 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

Schedule	eF(Form 990) 2020 TIP Global Health	26-2490827	Page 4
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		
		Yes	No
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
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		
	Fourier Destaurthing (see Instructions for Four 2005)	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
EEA		Schedule F (F	orm 990) 2020

Schedule F (Fo	orm 990) 2020 TIP Global Health	26-2490827 Page 5
Part V	Supplemental Information	
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, of	column (f) (accounting method;
	amounts of investments vs. expenditures per region); Part II, line 1 (accounting meth	
	Part III, column (c) (estimated number of recipients), as applicable. Also complete this	
	information. See instructions.	
<u>01. Use</u>	of grant monitoring procedures (Part I, line 2)	
Preside	nt reviews the funds spent outside of the US on a monthly basis	and then disburses
additio;	nal funds out of country accordingly.	

SCHEDULE L		т	ransactions	s With In	tereste	d Per	sons			ON	/IB No. 1	545-004	17	
(Form 990 or 990-EZ)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,									2020				
Department of the Treasury Internal Revenue Service	28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.									Open To Public Inspection			ic	
Name of the organization							Em	ployer iden	tificatio	n numbe	er			
TIP Global Heal								-24908						
			(section 501(c)								• •			
Comple	te if the org	anization a	nswered "Yes" or	n Form 990,	Part IV, li	ne 25a o	or 25b, or Fo	rm 990-l	EZ, Pa	Ob.				
1 (a) Name of disqu	ualified person		(b) Relationship betwee		son and		(c) Descrip	ion of transa	ction		(d) Corrected			
	•		orgai	nization								Yes	No	
(1)														
(2)														
(3)														
2 Enter the amount	of tax incurr	ed by the ora	anization managers	or disqualified	d persons d	lurina the	vear							
		• •	· · · · · · · · · · · ·	•	•	-	•		▶ 9	5				
			ove, reimbursed by						▶ \$	5				
Dert II Lassa														
			sted Persons. nswered "Yes" or	Eorm 000	E7 Dort \	/ line 29	Pa or Form 0	00 Port	IV lin	~ 26·	or if th			
			int on Form 990,				ba ol Forni 9	90, Fait	iv, m	e 20,	or ir u	le		
							(0) Datasa da		1-610	(1-) (1-)				
(a) Name of interested po		b) Relationship rith organization	(c) Purpose of loan	(d) Loan to or from the	(e) Ori principal a		(f) Balance due				(h) Approved (i) W by board or agree		nent?	
		5	loun	organization?						committee?		5	,	
				To From	1			Yes	No	Yes	No	Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
<u>(5)</u> Total						. ▶ \$								
	or Assist	ance Benef	iting Interested		• • • • •	. • •								
			answered "Yes" o		Part IV	line 27								
(a) Name of interested		(b) Relations	nip between interested	(c) Amount of			Type of assistanc	e	(e) Purpos	e of assi	stance		
		person a	nd the organization											
(1)														
(1)														
(2)														

(5) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(3)

(4)

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 TIP G	lobal H	Health
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	nvolving Interested Persons n answered "Yes" on Form 99		, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiza reveni	ation's ues?
			Rent for organization's	Yes	No
(1) Jean de Dieu Ngirabega	Board member	4,200	use of house		x
()					
(2)					
(3)					
_(3)					
(4)					
(5) Part V Supplemental Information	•				
	on for responses to questions	on Schedule L (see	e instructions).		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization 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. 2020 Open to Public Inspection

OMB No. 1545-0047

26-2490827

TIP Global Health

01. Form 990 governing body review (Part VI, line 11)

Form 990 in its entirety is distributed to all Board members at the time of filing.

02. Governing documents, etc, available to public (Part VI, line 19)

Distributed upon request.

03. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Rounding.

04. List of other fees for services expenses (Part IX, line 11g)

See supplemental schedule.

Form	4562
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Depreciation and Amortization (Including Information on Listed Property)

internal evenue server, (m) • Co to www.irs.gov/Form4552 for instructions and the latest information.	FUIII	(Including Information on Listed Property)				(Including Information on Listed Property)				2020
Names of action yo which the torm release Moleculty of under the torm release Moleculty of under the torm release Moleculty of under Section 179 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part I. 1 Mole: If you have any listed property, complete Part I. 1 Mole: If you have any listed property due to the section 179 Total cost of section 179 property before reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 Total elected cost of section 179 property before reduction in limitation (See instructions) 5 7 Listed property. Enter the amount from line 29 7 7 Listed property. Enter the amount from line 13 of your 2019 Form 4582 6 (9 Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" 7 Listed property. Enter the amount from line 13 of your 2019 Form 4582 Colspan="2" 8 Total elected cost of section 179 property bedread to section 179 expense deducton. Enter the smaller of housiness income (not less	Department of the Treasury				Attach to your ta	x return.				Attachment
TIP Global Health PORM 990 - 1 26-24908: Part I Election To Expense Certain Property Under Section 179 Advirum amount (see instructions) 1 1 Maximum amount (see instructions) 1 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 1 4 Reduction in limitation. Subtract line 4 from line 1, if zero or less, enter -0. 4 4 5 6 (e) Description of anyony (e) Catal unsets on the 1, if zero or less, enter -0. 4 7 Listed property. Enter the amount from line 2, if zero or less, enter -0. 7 8 6 (e) Description of anyony (e) Catal unsets on orbit on the 1, if zero or less, enter -0. 9 7 Listed property. Enter the amount from line 1 or Jour 2019 Form 4562 9 10 7 Listed property. Enter the amount from line 1 or Jour 2019 Form 4562 10 11 18 Business income limitation. Enter the smaller of loss in a 12 13 12 19 Carryover of disallowed deduction 1020-1. Add lines 8 and 10, but dont enter more than line 11,,,,,,,,			► Go	to www.irs.gc				mation.		Sequence No. 179
Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions). 1 2 Total cost of section 179 property placed in service (see instructions). 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 5 Dofar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. 6 6 (a) Description of property become reduction in limitation (see instructions). 5 7 Listed property. Enter the annuer from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 Tentative deduction. Add lines 9 of your 2019 Form 4562 10 10 Carryover of disallowed deduction for line 10 your 2019 Form 4562 10 11 Section 79 appense deduction. Add lines 9 and 10, but other term rore than line 1. 12 12 Section 79 appense deduction. Add lines 9 and 10, but other term rore than line 1. 12 13 Carryover of disallowed deduction to 2021. Add lines 8 and 2. 13 14 Special Depreciation Allowance and Other Depreciation (Dom' include listed propenty). See instruc	Name(s) shown on return			Business	or activity to which	this form relates		Identif	ying number
Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions). 1 2 Totati cost of section 179 property plecel inservice (see instructions). 2 3 Threshold cost of section 179 property plecel inservice (see instructions). 3 4 Collar limitation, Statuat line 3 from line 1. If zero or less, enter -0. 4 5 6 (e) Description of property (e) Extended cost 7 Listed property. Enter the amount from line 2.9 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 10 Carryover of disallowed deduction form line 1.9 d your 2019 Form 4562 10 11 Section 179 expense deduction. Add lines 9 and 10, loss line 12 13 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, loss line 12 13 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, loss line 12 13 14 Special depreciation allowance and Other Depreciation Cont. 14 15 Property subject to section 180/(1) election 14							L		26-	2490827
1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions). 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 Data infinitiation for tax years. 5 6 (a) Description of property. (b) Cost business use only. (c) Elected cost 7 Listed property. Enter the amount from line 1. if zero or less, enter -0 7 8 7 Listed property. Enter the amount from line 1.9 (c) Elected cost 9 10 Carryover of disallowed deduction. Them the smaller of lines 5 or line 8. 9 10 11 Business income limitation. Enter the smaller of lines 5 or line 8. 9 10 11 Section 179 property. Add amounts in colume more than line 1	Par		•							
2 Total cost of section 179 property placed in service (see instructions). 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 4 Reduction in limitation. 4 5 Delar limitation for tax year. Subtract line 3 from line 2. If zero or less, enter -0. If married filing separately, see instructions 5 6 (a) Description of property. (b) Cost Dualness use only. (c) Excited cost 7 Listed property. Enter the amount from line 29 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 5 be instructions. 11 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Section 179 expense deduction to 2011. Add lines 9 and 10, less line 12 13 Note: Dont use Part II or Part III below for isted property. Instead, use Part V. 13 Part II Special depreciation allowance for qualified property, less en instructions.) 14 15 Other depreciation allowance for qualified property, less en		Note: If	you have any lis	ted property,	complete Part V bef	ore you con	nplete Part I.		T	
3 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0. If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (bueness use only (c) Elected cost 7 Listed property. Enter the amount from line 29 7 7 8 (c) Description of property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 6 or line 8 9 10 10 Carryover of disallowed deduction Add lines 9 and 10, but don't enter more than line 11. 11 12 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11 12 Section 179 property. Add mounts and use Part 10. Psocial depreciation allowance for qualified property. Instead, use Part 1. 12 13 Carryover of disallowed deduction to listed property. Instead, use Part 1. 14 15 14 Its book on 186 Or property. Add any act to section 186 Or property. See instructions.) 14 14 Its or property add property property add property property add property property property. 16 15<	1		,						1	
4 Reduction in limitation for tax year: Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions 5 5 Obliar limitation for tax year: Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions 5 6 (a) Description of prepeny (b) Cost (beames use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 From 4552 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructors 11 12 Section 179 expense deduction. Add lines 9 and 10, less line 12 > 13 Note: Don't use Part It O' Part II below for listed property. Instead, use Part V. 14 15 Poperty subject to socian 168(R(1)) election 15 16 Part III MACRS Depreciation Allowance and Other Depreciation proves 14 16 Poperty subject to socian 168(R(1)) election 15 15 17 MACRS deductors for assets p	2	Total cost of sectio	n 179 property pla	ced in service	(see instructions)	• • • • • •			2	
5 Dollar limitation for tax year. Subtract line 4 from line 1. if zero or less, enter -0 If married filing separately, see instructions				•		,				
separately, see instructions 5 6 (a) Decorption of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 7 8 Total elected cost of section 179 property. Add amounts in colurnn (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in colurnn (c), lines 6 and 7 8 9 Total elected cost of section 179 property. Add amounts in colurnn (c), lines 6 and 7 9 10 Carryover of disallowed deduction to 2019 Form 4562 10 11 Section 179 expense deduction to 2014. Add lines 9 and 10, but don't enter more than line 11. 12 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, but don't enter more than line 11. 12 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, but don't enter be proceitation (bon't include listed property. See instructions 11 13 Special depreciation (locarit and to property. Instead, use Part V. 13 Part II Special depreciation (locarit and locarits and property) placed in service during the tax year. See instructions 14 15 Other depreciation (locarit and to property with set or property. See instructions.) 17 16 MACRS deductions for					-				4	
6 (a) Description of property (b) Cost business use only/ (c) Elected cost 7 Listed property. Enter the amount from line 29 7 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 9 10 Carryover of disallowed deduction. Finet the smaller of business income (not less than zero) or line 5. See instructors 10 11 Business income limitation. Enter the smaller of busines 9 and 10, but don't enter more than line 11. 1. 12 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, but don't enter more than line 11. 1. 12 13 Carryover of disallowed deduction Add lines 9 and 10, but don't enter more than line 11. 1. 14 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property). Beed in service during the tax year. See instructors 14 15 Other depreciation (including ACRS). 16 17 16 Part III MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here 17	5						0			
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c 7-year property Image: style styl										
d 10-year property Image: strain of the										
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c 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) V V V						12 vrs				
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Part IV Summary (See instructions.)										
			arv (See instruc	ctions)	1	+0 913.	101101	0,2	1	
ZI LISTED DEODERTY. ENTER AMOUNT FOR LINE 28	21								21	
 27 Eased property. Enter amount form line 20 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 					17. lines 19 and 20 in c	olumn (a), an	d line 21. Ente	r		
here and on the appropriate lines of your return. Partnerships and S corporations - see instructions				-					22	42

23

OMB No. 1545-0172

	Statement of Program Service	Accomplishments	2020 PG01
Name(s) as shown on return			Your Social Security Number
TIP Global Heal	th		26-2490827
	Form 990-Part I Statement of Service A		Statement #4
Program Service		\$84101	
Program Service	cations included in above expense	\$0	
Program Service		\$0 \$0	
FIOGIAM SELVICE	5 Kevende	\$0	
farmers, commun	h Innovation: We work with over 1000 ity members and local government ac rimary health care delivery and to a able.	ross Gakenke District	to improve

Statement of Program Service Accomplishments

2020 PG01

Name(s) as shown on return

Your Social Security Number

26-2490827

Statement #4

TIP Global Health

Form 990-Part III(b)

Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$57438
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

Explanation

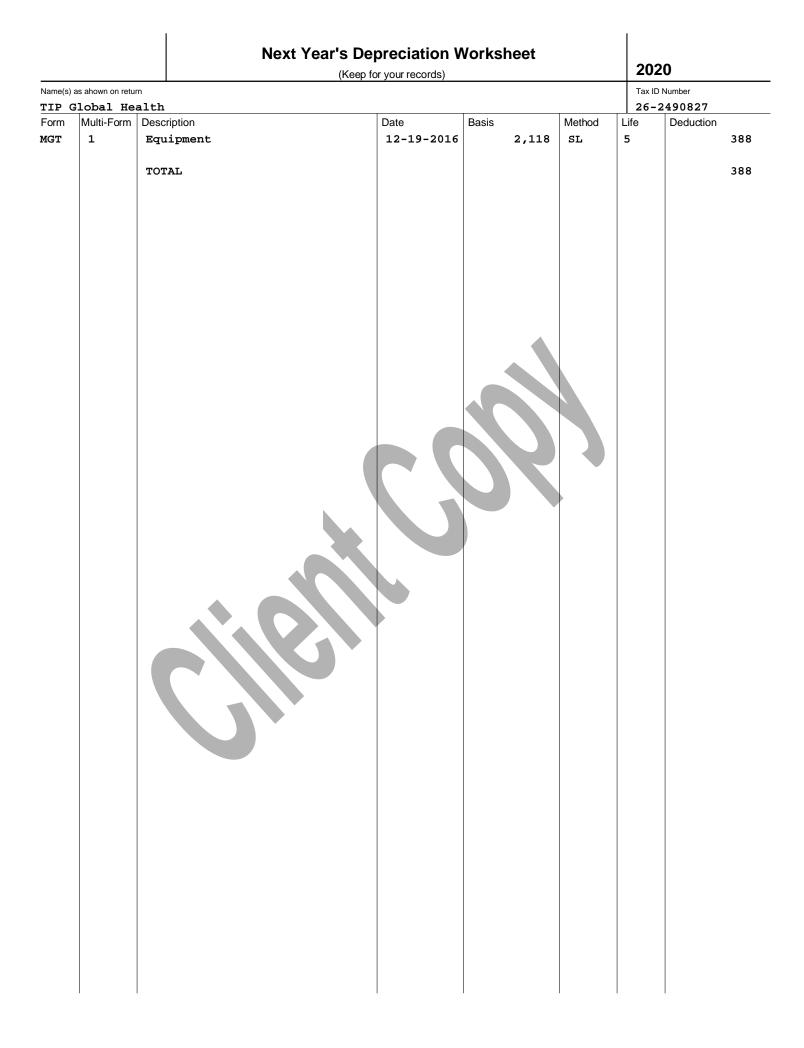
Clinical Care Innovation: The Ihangane Project works with local healthcare workers and the Rwanda Ministry of Health to improve the quality of direct patient care services by ensuring that frontline healthcare workers have the tools they need to successfully deliver primary healthcare. We have co-created tools such as E-Heza Data Solutions, the TIP Education Model and the 5 Pillars of Quality Improvement Framework alongside frontline healthcare workers to overcome barriers and celebrate improvements in processes and health outcomes. E-Heza is a point of care digital health record designed by and for the health care worker, used to improve quality of maternal-child care by making it easier for nurses to do their jobs, for mothers to track the wellbeing of their children, and for ministry officials to receive data in real-time.

990	Overflow Statement	2020 Page 1
Name(s) as shown on return TIP Global Health		FEIN 26-2490827
	Other - 11g	
Description Other professional fe Other personnel	es Total:	<u>Amount</u> <u>\$ 381,078</u> <u>24,113</u> \$ 405,191
	Other - 11g	
Description Other professional fe Donated Services Other personnel		Amount \$ 29,428 25,000 6,349 \$ 60,777
	Other - 11g	
Description Other professional fe		Amount \$ 4,339 \$ 4,339
	Other Expenses	
Description Meals Taxes Subscriptions Bank Service Charge Licenses & Permits Recruitment		Amount \$ 4,257 10,596 2,647 292 120 53
	Total:	\$ <u>17,965</u>

990	O ((2020 Page 2
Name(s) as shown on return	ow Statement	FEIN	Paĝē ⁻ 2
TIP Global Health			26-2490827
	Other - 24e		
			Amount
Board Retreat Taxes		_ <u>\$</u>	<u> </u>
Bank Service Charge			
Licenses and Permits			125
Meals			349
			2,000
<u>Network for Good Fees</u> Postage			<u> </u>
Admin Ermondod			2,505
Miscellaneous Expenses			391
Difference in Rwanda Cash Bala	nces		(1,039)
	Total:	\$	16,448
O	ther Expenses		
Degenistien			3
Description Meals		\$	Amount 300
Taxes		<u> </u>	213
		τ <u> </u>	513

* Item is included in UBIA for Section 199A calculations.						М	ciation Deta	eral							2020 PAGE 1	
	"UBIA" in lower right corner. (s) as shown on return						For your records o	only					Social sec	curity number/El	N	
	TIP Global Health													-2490827		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Meth	nod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Equipment	1219201	6 2,118					2,118	5	SL	MQ	20	1,306	424	1,730	424

Land Amount Net Depreciable Cost



TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

Calenda	ar Year 2020 or fiscal year beginning (mm/dd/yyyy), and ending (m	m/dd/yyyy)	
Corporatio	n/Organization name	California d	corporation number
TIP (GLOBAL HEALTH	3093	809
	information. See instructions.	FEIN	
/ laanion an			490827
		20 2	
	Iress (suite or room)		PMB no.
206	SANTA CLARA AVE		
City	_	State	Zip code
APTO	S	CA	95003
Foreign co	buntry name Foreign province/state/county		Foreign postal code
A First ret	rurn 🔹 • • • • • • • • • • • • • • • • • •	its guidelines	
B Amende	ed return • • • • • • • • • • • • • • • • • • •		•••• Yes 🔀 No
C IRC Sec	ction 4947(a)(1) trust ••••••••••••••••••••••••••••••••••••	as the organization	on
D Final inf	formation return? engaged in political activities? See instru	tions ••	• • · · · · • Yes X No
●□□	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt under R&TC		• • • • Yes X No
	ate: (mm/dd/yyyy) • If "Yes," enter the gross receipts from no		
	accounting method: (1) 🔟 Cash (2) 🗌 Accrual (3) 🗌 Other		*
	I return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) L Is the organization a limited liability comp	anu?	• Yes 🛛 No
_			
	Dther 990 series M Did the organization file Form 100 or For	in 109 to report	
	a group filing? See instructions		···· ♥ Yes X No
H Is this o	organization in a group exemption \cdots \cdots \cdots \cdots \cdots Yes 🛛 No N Is the organization under audit by the IRS		
If "Yes,"	" what is the parent's name? audited in a prior year? •••••		••••••••••••••••••••••••••••••••••••••
	O Is federal Form 1023/1024 pending?		····· Ves 🗶 No
	Date filed with IRS		
Part I	Complete Part I unless not required to file this form. See General Information B and C.		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		• 1 117,033 00
	2 Gross dues and assessments from members and affiliates		• 2 00
Receipts	3 Gross contributions, gifts, grants, and similar amounts received		• <u>3</u> 1,329,410 00
and Revenues			
	This line must be completed. If the result is less than \$50,000, see General Information B		• 4 1,446,443 00
	5 Cost of goods sold • • • • • • • • • • • • • • • • • • •	78,139	00
			00
	7 Total costs. Add line 5 and line 6	• • • • • •	7 78,139 00
	8 Total gross income. Subtract line 7 from line 4 · · · · · · · · · · · · · · · · · ·	• • • • •	• 8 1,368,304 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 · · · · · · · · · · · · · · · · · ·	• • • • •	• <u>9</u> 1,220,970 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	• • • • •	• 10 147,334 00
	11 Total payments • • • • • • • • • • • • • • • • • • •	• • • • •	• 11 00
Filing	12 Use tax. See General Information K ••••••••••••••••••••••••••••••••••••		• 12 00
Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 • • • • • • • • • • • • • • • • • •	• • • • •	• 13 00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 · · · · · · · · · · · · · · · · · ·		• 14 00
	15 Penalties and Interest. See General Information J.		· 15 00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	() 16 00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any k	ne best of my kno	wledge and belief, it is
Sign Here	ı Title ı Date	iowiedge.	■ Telephone
	Signature of officer ₩ENDY LEONARD MD EXECUTIVE DIR09/2	27/2021	
	Date Check		
	Preparer's	ed ►	P00367442
Paid			• Firm's FEIN
Preparer's Use Only			
out only	if self-employed) and address 792 DIO DEL MAD DIVD STE 42		20-0279413
	783 RIO DEL MAR BLVD STE 43		•Telephone
	APTOS, CA 95003		831-688-6481
	May the FTB discuss this return with the preparer shown above? See instructions	• • • • • •	•X Yes No

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Par		Organizations with gross receipts of more	•				06 040000	
		regardless of amount of gross receipts - co	-				26-249082	
		1 Gross sales or receipts from all business a				· ·	116,964	00
Receip from Other Source		2 Interest • • • • • • • • • • • • • • • • • • •				2	69	00
	pts	3 Dividends · · · · · · · · · · · · · · · · · · ·				3		00
		4 Gross rents · · · · · · · · · · · · · · · · · · ·		4		00		
		5 Gross royalties		5		00		
	.63	6 Gross amount received from sale of asset	6		00			
		7 Other income. Attach schedule	7		00			
		8 Total gross sales or receipts from other sources	8	117,033	00			
		9 Contributions, gifts, grants, and similar ame	9		00			
	·	10 Disbursements to or for members	10		00			
		11 Compensation of officers, directors, and tru				11	75,000	00
	·	12 Other salaries and wages	12	411,739	00			
Exper	nses	13 Interest • • • • • • • • • • • • • • • • • • •	13	(1,095)	00			
and Disbu		14 Taxes	14	21,059	00			
ments		15 Rents · · · · · · · · · · · · · · · · · · ·				15	26,927	00
	·	16 Depreciation and depletion (See instruction	าร)		•	16	424	00
	·	17 Other expenses and disbursements. Attach	n schedule •••••		•	17	686,916	00
	·	18 Total expenses and disbursements. Add	line 9 through line 17. Er	nter here and on Side 1,	Part I, line 9 🕠	18	1,220,970	00
Sch	edule	L Balance Sheet	Beginning of	taxable year	End	of tax	able year	
Ass	sets		(a)	(b)	(c)		(d)	
1	Cash			107,403			• 278,76	65
2	Net a	ccounts receivable					•	
3	Net n	otes receivable					•	
4	Inven	tories · · · · · · · · · · · · · · · · · · ·					•	
5	Fede	al and state government obligations					•	
6	Inves	tments in other bonds \cdots					•	
7	Inves	tments in stock \cdots					•	
8	Mortg	age loans					•	
9	Other	investments. Attach schedule					•	
10	a De	epreciable assets	2,118		2,	118		
	b Le	ss accumulated depreciation	1,306	812	1,	730	3:	88
11	Land						•	
12	Other	assets. Attach schedule					• 26,35	52
13	3 Total assets			108,215			305,50	05
Lial	bilities	and net worth						
14	Acco	unts payable • • • • • • • • • • • • • • • • • • •					•	
15	Contr	ibutions, gifts, or grants payable • • • • •					•	
16	Bond	s and notes payable $\cdots \cdots \cdots \cdots \cdots \cdots$					•	
17	Mortg	ages payable · · · · · · · · · · · · · · · ·					•	
18	Other	liabilities. Attach schedule					49,95	55
19	Capit	al stock or principal fund					•	
20	Paid-	in or capital surplus. Attach reconciliation •					•	
21	Retai	ned earnings or income fund		108,215			• 255,55	50
22	Total	liabilities and net worth		108,215			305,50	05
Sch	edule	M-1 Reconciliation of income per book	s with income per retur	'n			1	
		Do not complete this schedule if the a			han \$50,000			
1	Net ir	ncome per books	•	7 Income recorded or				
		al income tax • • • • • • • • • • • • • • • • • • •	not included in this	return. Attach scho	edule	•		
3	Exces	ss of capital losses over capital gains	•	8 Deductions in this re				
		ne not recorded on books this year.		against book incom	-			
			•	Attach schedule	•		•	
5	Expe	nses recorded on books this year not		9 Total. Add line 7 an				

deducted in this return. Attach schedule

6 Total. Add line 1 through line 5

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3652204

10 Net income per return.

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Subtract line 9 from line 6

STATE OF CALIFORNIA DEPARTMENT OF JUSTICE RRF-1 (Rev. 09/2017) MAIL TO: (For Registry Use Only) ANNUAL REGISTRATION RENEWAL FEE REPORT Registry of Charitable Trusts P.O. Box 903447 TO ATTORNEY GENERAL OF CALIFORNIA Sacramento, CA 94203-4470 Sections 12586 and 12587. California Government Code STREET ADDRESS: 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 1300 I Street Sacramento, CA 95814 Failure to submit this report annually no later than four months and fifteen days after the end of the (916) 210-6400 organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section WEBSITE ADDRESS: 23703; Government Code section 12586.1. IRS extensions will be honored. www.oag.ca.gov/charities Check if: TIP GLOBAL HEALTH Name of Organization Change of address Amended report List all DBAs and names the organization uses or has used 206 SANTA CLARA AVE State Charity Registration Number CT - 0210585Address (Number and Street) APTOS, CA 95003 Corporation or Organization No. 3093809 City or Town, State, and ZIP Code 831-234-6053 **Telephone Number** E-mail Address 26-2490827 Federal Employer ID No. ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice Fee **Gross Annual Revenue Gross Annual Revenue Gross Annual Revenue** Fee Fee Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10 million \$150 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000,001 and \$50 million \$225 Greater than \$50 million \$300 **PART A - ACTIVITIES** For your most recent full accounting period (beginning 01-01-20ending 12 - 31 - 20) list: Gross Annual Revenue \$ **Noncash Contributions \$** 25,000 1,368,304 Total Assets \$ 305,505 Program Expenses \$ 1,009,022 Total Expenses \$ 1,220,970 PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. Yes No 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? Χ 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? Χ During this reporting period, were any organization funds used to pay any penalty, fine or judgment? Х 3. 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial Χ coventurer used? 5. During this reporting period, did the organization receive any governmental funding? Х 6. During this reporting period, did the organization hold a raffle for charitable purposes? Χ 7. Does the organization conduct a vehicle donation program? Х 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with Х generally accepted accounting principles for this reporting period? Х 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign. 09-27-2021 WENDY LEONARD MD EXECUTIVE DIRE Signature of Authorized Agent Printed Name Title Date

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311 and 312

STATEMENT INFORMATION

Name as shown on return: TIP Global Health FEIN 26-2490827

The organization pays market rate rent to a board member for the organization's use of his home.

TAXABLE YEAR Corporation Depreciation

CALIFORNIA FORM

2020 and Amortization

3885

	GEMENT/GE1	IERAL -						
Corporation name						lifornia corpo		mber
TIP Global Health					3	09380	9	
Part I Election To Expense Certain Prope	rty Under IRC Sec	tion 179						
1 Maximum deduction under IRC Section 179 fo	r California • • • •					• 1		\$25,000
2 Total cost of IRC Section 179 property placed	in service • • • •					• 2		
3 Threshold cost of IRC Section 179 property be	efore reduction in lin	nitation • • • •				. 3		\$200,000
4 Reduction in limitation. Subtract line 3 from line	2. If zero or less, e	enter -0-				. 4		
5 Dollar limitation for taxable year. Subtract line	4 from line 1. If zero	or less, enter -0-				. 5		25,000
(a) Description of property		(b) Cost (busine	ess use only)	(c) Ele	ected cos	st		
6								
7 Listed property (elected IRC Section 179 cost)			7					
8 Total elected cost of IRC Section 179 property	v. Add amounts in co	olumn (c), line 6 a	nd line 7			. 8		
9 Tentative deduction. Enter the smaller of line								
10 Carryover of disallowed deduction from prior ta	axable years					. 10		
11 Business income limitation. Enter the smaller of								25,000
12 IRC Section 179 expense deduction. Add line								
13 Carryover of disallowed deduction to 2021. Ad				13				
Part II Depreciation and Election of Additi				TC Section	24356			
(a)	(b)	(c)	(d) Depreciation	(e)	(f)	(9	y)	(h)
Description of property	Date acquired	Cost or other basi	s allowed or	Depre- ciation	Life or		ation for	Additional first
	(mm/dd/yyyy)		allowable in earlier year		rate	this	year	year depreciation
14 Equipment	12/19/2016	5 2,118	1,300	5 SL	5	4	124	
<u>+</u>								
						-		
15 Add the amounts in column (g) and column (h)	. The total of colum	n (h) may not exc	eed \$2,000.					
See instructions for line 14, column (h)						15 4	124	
Part III Summary								
16 Total: If the corporation is electing:								
IRC Section 179 expense, add the amount or	h line 12 and line 15	5. column (a) or						
Additional first year depreciation under R&TC			line 15. colum	ns (a) and (h)) or			
Depreciation (if no election is made), enter the							. 16	424
17 Total depreciation claimed for federal purpose							. 17	
18 Depreciation adjustment. If line 17 is greater th								
If line 17 is less than line 16, enter the different	•							
amounts are used to determine net income be				•	•		. 18	1
Part IV Amortization	•							
(a)	(b)	(c)	(d)	(e)	(f)		(g)
Description of property	Date acquired	Cost or other basis	Amortization allo	wed or R&TC S		Period or		Amortization
	(mm/dd/yyyy)		allowable in earlie	r years (see in	nstr.)	percentage		for this year
19								
20 Total. Add the amounts in column (g)					• • • •	20)	
21 Total amortization claimed for federal purposes	s from federal Form	4562, line 44 •				21	-	
22 Amortization adjustment. If line 21 is greater th		-					1	
Side 1, line 6. If line 21 is less than line 20, ent						22	<u>></u>	

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CAOVFLOW	State Supporting Statements	2020	Page 1
Name(s) as shown on return		SSN/FEIN	
TIP Global	Health	2	6-2490827
Description	Other Expenses		Amount
Community S		\$	17,247
	COVID 19		14,940
	Supplies		72,213
	Meetings & Education		38,096
Travel			13,605
	ns		2,647
	at		6,933
	nse o Chargo		2,716 4,304
	e Charge		18,493
			245
Meals			4,906
Medical			2,000
Network For	Good Fees		948
Postage			89
	1 Fees		420,370
	Expenses		2,505
	us		<u>9,792</u> 391
			<u> </u>
Donated Ser			25,000
	nnel expenses		30,462
	in Rwanda cash balance		(1,039)
Difference	In Rwanda cash balance Total:	\$	