990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning and ending Check if applicable: C Name of organization GLOBAL PARTNERS IN PEACE AND DEVELOPMENT D Employer identification number Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) 75-3098074 Name change PO BOX 117 E Telephone number Initial return City or town ZIP code State (540) 765-4300 **BLUE RIDGE** VA 24064 inal return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 1,112,300 Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? JONATHAN D GROOMS 3160 RICHARD AVE, ROANOKE, VA 24012 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) () < (insert no.) 4947(a)(1) or Website: ► WWW.GPARTNERS.ORG H(c) Group exemption number ▶ X Corporation K Form of organization: Trust Association Other > L Year of formation: 2003 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: THE CORPORATION EXISTS FOR CHARITABLE Activities & Governance DEVELOPMENT, AND EDUCATIONAL PURPOSES. THE PURPOSE IS TO PROMOTE PEACE AMONG INDIVIDUALS AND NATIONS THROUGH BUILDING RELATIONSHIPS. WE FULFILL THESE PURPOSES WITH CROSS CULTURAL Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of independent voting members of the governing body (Part VI, line 1b). 4 9 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 6 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34. 7b 0 **Current Year** 1,008,931 1,111,530 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 584 770 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,009,556 1,112,300 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 65,607 57,782 Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 857,157 885,389 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 18 922,764 943,171 Revenue less expenses. Subtract line 18 from line 12. 19 86.792 169,129 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 452,561 621,653 21 Total liabilities (Part X, line 26) 2,389 2,352 22 Net assets or fund balances. Subtract line 21 from line 20 450,172 619,301 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Paid ROBERT C GARDNER 5/3/2017 self-employed P00302868 Preparer Firm's name ► BARBER & GARDNER, PLC Firm's EIN ► 54-1923207 **Use Only** Firm's address ► 7474PLANTATION RD, ROANOKE, VA 24019 Phone no. (540) 366-4293

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission: I'HE PURPOSE OF THE ORGANIZATION IS TO PROMOTE PEACE AMONG INDIVIDUALS AND NATIONS THROUGH BUILDING RELATIONSHIPS. PEACE IS PROMOTED BY CROSS CULTURAL DIALOGUE, REFUGEE SUPPORT,	27.0
	HUMANITARIAN AID, EDUCATION, AND LANGUAGE TRAINING.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	he prior Form 990 or 990-EZ?	lo
3	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes X N	lo
4	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, he total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$ 849,197 including grants of \$) (Revenue \$) CHARITABLE DEVELOPMENT AND EDUCATION. PROMOTE PEACE AMONG INDIVIDUALS AND NATIONS THROUGH BUILDING RELATIONSHIPS WITH CROSS CULTURAL EDUCATION. SEE ATTACHED STATEMENT SCHEDULE O	
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40	/ (Expended with including grante of the control of	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1 1	Х	i
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			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	۳		
4		4		x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		Х
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
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ا ا		 ^
10		10		X
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	12.0	_
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.	4		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? 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			THE STATE OF
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	_	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's separate of consolidated inflational statements for the day year included a feetilistic that dad research the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
40-	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	1		+^
12a		12a		X
	Schedule D, Parts XI and XII	124		+^
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	401		
	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		14a	├	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1	
	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			
	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	''	1	
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
40		 ''	+	+^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		~
	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?	10		_v

Part	Checklist of Required Schedules (continued)			
			Yes	No
20a	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 return?	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
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		~
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	-	<u>X</u>
	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		l	
	to defease any tax-exempt bonds?	24c		
	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			
	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? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	KAN.		
•	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a	United by St.	Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	20a		
b	Schedule L. Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С		200		v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	\vdash	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			.,
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	l		l
	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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	1		
50	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
		0,		 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	_	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 9 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial Х 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Χ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Х If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b C Х Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Form 990 (2016) Part VI

sect	ion A. Governing Body and Management				
			mw4a	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a S		40	
	If there are material differences in voting rights among members of the governing body, or			Ling	
	if the governing body delegated broad authority to an executive committee or similar				
h	committee, explain in Schedule O.	1b (
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 relations		2		~
2	any other officer, director, trustee, or key employee?		2		X
3	supervision of officers, directors, or trustees, or key employees to a management company or other		3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 950 w Did the organization become aware during the year of a significant diversion of the organization's		5		×
5 6	Did the organization become aware during the year of a significant diversion of the organizations.		6		$\frac{\hat{x}}{x}$
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or			-	
1 a	one or more members of the governing body?	appoint	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		/a	-	
D	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake		710		Maran I
0	the year by the following:	it during			
а	The governing body?		8a	Х	PSS III
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		0.0		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the		_)	
3001	ion b. I onoice (Time econori b requeste imormation about ponered not required by the	intoma revenue	oodo.	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				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		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		Х
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		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro	•			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements				
	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 eval	uate its	PE	250	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		000		
	the organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	00 T (Section 501(a)(2\c onl		
18		70-1 (Section 50 1(c)(ااان فرد	y)	
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website	xplain in Schedule O	١		
19	X Own website Another's website Upon request Other (e Describe in Schedule O whether (and if so, how) the organization made its governing documents,	· ·		nd	
13	financial statements available to the public during the tax year.	commot of interest po	nicy, ai	iu	
20	State the name, address, and telephone number of the person who possesses the organization's	books and records:	•		
	JONATHAN D GROOMS	E40 70E 4000			
	3160 RICHARD AVE, ROANOKE, VA 24012				

Form 990 (2016)	GLOBAL PARTNERS IN PEACE AND DEVELOPMENT	75-3098074	Page

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe d a d	rson	e than o is both or/truste	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JONATHAN GROOMS	30.00									
CHAIRMAN	0.00	Х	1	Х						
(2) SCOTT CUNNINGHAM	1.00	1								
VICE-CHAIR	0.00			X						
(3) JAMES KISTNER	1.00									
SECRETARY	0.00	X		X						- 4
(4) DANIELT NAKANO	1.00	1								
DIRECTOR	0.00									
(5) PAUL TROUTT	1.00									
TREASURER	0.00	X		Х						
(6) JEFF LUNDEEN	1.00					1				
DIRECTOR	0.00	_	<u> </u>	X	<u> </u>	ļ				
(7) ROY CARTER	1.00									
DIRECTOR	0.00					10.00	L			
(8) JANE CAMPBELL	3.00	· I								
DIRECTOR	0.00	_		_	<u> </u>					
(9) JESSICA LANKFORD	1.00									
DIRECTOR	0.00	X								
(10)	 									
(11)										
(12)										
(13)				Į,				:		
(14)										

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Pa	(A) Name and title	(B) Average hours per	(do n	ot ch unles	Pos neck is pe	ition more rson irecto	than o	ne an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated in amount of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(15)												
(16)												_
(17)												
(18)												
(19)												—
												_
						_						_
			_									_
(25)												
1b c	Sub-total								0			0
d	Total (add lines 1b and 1c)								0	0		0
2	Total number of individuals (including but not lir reportable compensation from the organization							ved	more than \$100),000 of		
3	Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Sched											lo X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.	of reportable cor ater than \$150,0	npen: 00? //	sati	on a es, "	nd con	other	con	npensation from		4	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "You	ue compensatio	n fro	m a	ny ເ	ınre						X
Sec	tion B. Independent Contractors	da, dampida d	511000			-	л. ро.	-			, , , ,	Ť
1	Complete this table for your five highest compecompensation from the organization. Report coyear.										tax	
	(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation	
												0
												0
												0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	tho	se	liste	d abo		who received			

	990 (201		NT			75-3098	3074 Page 9
Par	t VIII			- D/ \ 200			
		Check if Schedule O contains a response or note to any		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated campaigns	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
s, G Amo	С	Fundraising events	0				
Gift	d	Related organizations	0				
ns,	е	Government grants (contributions) 1e	0				
utio	f	All other contributions, gifts, grants, and					
et et			1,530				
Con	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a–1f	Code.	1,111,530			
Program Service Revenue			Code			العابلة الجركالي	
eve	2a			0			
<u>م</u> م	b	<u></u>		0			
2	C			0			
Se	a			0			-
ran	e	All other program continues		0			
ç		All other program service revenue		0		No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	
	3	Total. Add lines 2a–2f		U			
	٦	other similar amounts)		770			
	4	Income from investment of tax-exempt bond proceeds		0			
	5			0			
	"	Royalties	onal				
	6a	Gross rents	(8)				
	b	Less: rental expenses					
	C	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	D	0		Desirable Chinasa	
	7a	Gross amount from sales of (i) Securities (ii) Oth	ner				
		assets other than inventory 0	0				
	Ь	Less: cost or other basis					
	-	and sales expenses 0	o				
	С	Gain or (loss) 0	0				
	I	Net gain or (loss)	. ▶	0			
			26				
9	8a	Gross income from fundraising					
ē		events (not including \$ 0					
ě		of contributions reported on line 1c).					
<u> </u>		See Part IV, line 18	0				
Other Revenue	b	Less: direct expenses b	0				
0	С	Net income or (loss) from fundraising events	. ▶	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses b	0				
	С	Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less	100				
		returns and allowances	0				
	b	Less: cost of goods sold b	0				
	С	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue Business	Code				
	11a	<u></u>		0			
	b	(b		0			
	С	All all and an arrangement of the second of		0			
	l d	All other revenue	- 1	OI.			

0

1,112,300

e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX State	ment of Fu	nctional E	Expenses
---------------	------------	------------	----------

Do	Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	1			
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	49,583		49,502	81
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	8,199		8,199	
11	Fees for services (non-employees):				
а	Management	54		54	
b	Legal	375		375	
C	Accounting	0		Table 1	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
5	(A) amount, list line 11g expenses on Schedule O.)	771			771
12	Advertising and promotion	6,470		6,470	
13	Office expenses	0,		0,	
14	Information technology	3,081		3,081	
15	Royalties	0		5,551	
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,287		1,287	
20	Interest	0		1,207	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	2,737	0	2,737	0
24	Other expenses. Itemize expenses not covered	2,737		2,101	
24	1				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	940 407	940 107		
a	PROGRAM EXPENSES	849,197	849,197	0.040	
b	POSTAGE	2,310		2,310	
C	TELEPHONE	235		235	2.242
d	FUNDRAISERS	8,043		40.000	8,043
е	All other expenses	10,829	04040	10,829	
25	Total functional expenses. Add lines 1 through 24e	943,171	849,197	85,079	8,895
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

75-3098074

Total liabilities and net assets/fund balances

Part X **Balance Sheet** (A) (B) Beginning of year End of year 294,578 1 312,693 2 157,983 2 308,960 3 0 3 0 0 4 0 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets organizations (see instructions). Complete Part II of Schedule L. 6 0 7 0 8 8 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 0 0 10c 0 **b** Less: accumulated depreciation 0 0 11 11 0 12 0 12 13 Investments—program-related. See Part IV, line 11 0 13 0 0 14 0 14 0 15 0 15 452,561 621,653 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,389 17 2,352 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties 0 23 Ol 23 ol Unsecured notes and loans payable to unrelated third parties 24 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete 25 26 2,389 26 2,352 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 450,172 619.301 Retained earnings, endowment, accumulated income, or other funds . . . 32 32 450,172 33 619,301 33

621,653

452,561

34

Form 9	90 (2016) GLOBAL PARTNERS IN PEACE AND DEVELOPMENT	75-30	98074	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .		<u>. [</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,112	,300
2	Total expenses (must equal Part IX, column (A), line 25)	2		943	,171
3	Revenue less expenses. Subtract line 2 from line 1	3		169	,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		450	,172
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 in Schedule O)	9			77
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		619	,301
Part					
	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: X Cash Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in			MA	
	Schedule O.			E	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		TEXT	130	12/10
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
1.			2b	XIEE	Х
b	Were the organization's financial statements audited by an independent accountant?		20	1200	
	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 in				
	Schedule O.			1241	
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		

Form 990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

GLOBAL PARTNERS IN PEACE AND DEVELOPMENT

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number**

Inspection

75-3098074

Pai	t I	Reason for Public Chari	ity Status (All org	janizations must cor	nplete th	is part.)	See instructions.			
Γhe	orga	anization is not a private foundati	,	_						
1		A church, convention of churche	es, or association of	churches described in	section	170(b)(1)(A)(i).			
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990 or 99	0-EZ).)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organization that normally redescribed in section 170(b)(1)(m a gover	nmental u	ınit or from the gene	ral public		
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part I	l.)					
9		An agricultural research organiz or university or a non-land-gran university:								
10	X	An organization that normally receipts from activities related t support from gross investment acquired by the organization affi	o its exempt function income and unrelated ter June 30, 1975.	ns—subject to certain ed business taxable inc See section 509(a)(2).	exception come (less (Complet	s, and (2) s section t e Part III.)	no more than 33 1/3 511 tax) from busine	% of its		
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See se	ction 509	0(a)(4).			
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).		
а		Type I. A supporting organiz the supported organization(sorganization. You must con	s) the power to regu	larly appoint or elect a	y its supp majority o	orted orga of the direc	anization(s), typically ctors or trustees of th	by giving ne supporting		
b	•	Type II. A supporting organization(s). You must c	e supporting organi	zation vested in the sa						
C	:	Type III functionally integra its supported organization(s)	ated. A supporting of (see instructions).	organization operated in You must complete P	art IV, Se	ctions A,	D, and E.			
C	I	Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	anization(s) entiveness		
e	•	Check this box if the organiz					Type I, Type II, Type	e III		
		functionally integrated, or Ty	•					🗀 🕠		
f		Enter the number of supported of Provide the following information	-	ed organization(s)						
	, (i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		=			Yes	No				
(A)										
(B)										
(C)		,		****						
(D)										
(E)		All parts and the								
Tota	ıl						0	0		

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

0	Part III. If the organization fa				•	, ,	ier ———
	tion A. Public Support	4) 0040	(1) 0040	(1) 0044	(1) 0045	(1) 0040	(D. T. I. I
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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.	HERST TERMINA					0
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is	=					
	regularly carried on						. 0
10	Other income. Do not include gain or						
	loss from the sale of capital assets			4	-	:	
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
	Gross receipts from related activities, etc. (s	ee instructions)				12	
	First five years. If the Form 990 is for the o					3)	
	organization, check this box and stop here						▶ □
800	tion C. Computation of Public Su						
	Public support percentage for 2016 (line 6, c			7)		14	0.00%
					· ·	15	0.00%
	Public support percentage from 2015 Sched				_	10	0.007
16a	33 1/3% support test—2016. If the organiz and stop here. The organization qualifies as						
b	33 1/3% support test—2015. If the organiz	ation did not check	a box on line 13 o	r 16a, and line 15 is	s 33 1/3% or more,	, check this	
	box and stop here. The organization qualification	es as a publicly sup	ported organizatio	n			▶∟
17a	10%-facts-and-circumstances test—2010	6. If the organization	did not check a b	ox on line 13, 16a,	or 16b, and line 14	1	
	is 10% or more, and if the organization mee	ts the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	n in	
	Part VI how the organization meets the "fact	s-and-circumstance	es" test. The organ	ization qualifies as	a publicly supporte	ed	_
	organization						
b	10%-facts-and-circumstances test-2019	5. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne	
	15 is 10% or more, and if the organization m	neets the "facts-and	-circumstances" te	est, check this box a	and stop here. Ex		
	Part VI how the organization meets the "fact						
	supported organization						▶ [_
1Ω	Private foundation If the organization did	not check a hov on	line 13 16a 16h	17a or 17b check	this box and see		

Page 3

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

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

	tion A. Public Support	(=) 0040	(1-) 0040	(=) 2044	(4) 2045	(=) 2040	(f) Tetal
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	007.400	4 007 500	004 004	4 000 004	4 444 500	5.050.500
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	997,199	1,037,599	904,304	1,008,931	1,111,530	5,059,563
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's			İ			
	benefit and either paid to or expended on						_
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	997,199	1,037,599	904,304	1,008,931	1,111,530	5,059,563
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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					1	
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						5,059,563
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	997,199	1,037,599	904,304	1,008,931	1,111,530	5,059,563
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources .	1,888	643	494	625	770	4,420
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	1,888	643	494	625	770	4,420
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets			Į.			
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	999,087	1,038,242	904,798	1,009,556	1,112,300	5,063,983
14	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	_
	organization, check this box and stop here						>
Sec	ction C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2016 (line 8, c			n)		15	99.91%
16	Public support percentage from 2015 Sched					16	99.86%
	ction D. Computation of Investmen					······································	
17	Investment income percentage for 2016 (line			olumn (fi)		17	0.09%
18	Investment income percentage for 2010 (income percentage from 2015 S					18	0.14%
	33 1/3% support tests—2016. If the organ						
. 04	not more than 33 1/3%, check this box and						▶ 🔀
b	33 1/3% support tests—2015. If the organ						
_	line 18 is not more than 33 1/3%, check this						🕨 🗌
	Division formulation of the exemination did						

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c 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.
- 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 (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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.
- 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.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2	line e	Company of the last
3a	e a real	
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3b		
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10a		
10b		
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			HILL
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	Dilli C. L.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
2	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		
Socti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations			
Secu	on c. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	11.23	103	140
'	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	ELISA:	Station of the
Secti	on D. All Type III Supporting Organizations	1 1		
0000	on b. All Type in outporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100	man	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1/2		
	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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		M	CE IS
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ee instru	ctions	3).
2	Activities Test. Answer (a) and (b) below.	T-TIME	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	126		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1514	
	reasons for the organization's position that its supported organization(s) would have engaged in these	O.L.		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the expenientian base the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		Marie Control
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		Digital I

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 0			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		
instructions. All other Type III non-functionally integrated supporting orga	nization	s must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ally integ	grated Type III supporting of	organization (see

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued)	
Sectio	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0.000
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
11	Distributable amount for 2016 from Section C, line 6	SCHARSIE		0
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			Water of the supposed
е	From 2015			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2016 distributable amount			0
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2016 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2016 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2016, if		E 777	
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а				
b	Excess from 2013			

Schedule A (Fo	rm 990 or 990-EZ) 2016	GLOBAL PARTNERS	S IN PEACE AND DE	EVELOPMENT		75-3098074	Page 8
Part VI	III, line 12; Part IV, S B, lines 1 and 2; Pa 3a, and 3b; Part V, I	rmation. Provide the ex Section A, lines 1, 2, 3b, rt IV, Section C, line 1; F ine 1; Part V, Section B, so complete this part for	3c, 4b, 4c, 5a, 6, 9a Part IV, Section D, lin line 1e; Part V, Sect	, 9b, 9c, 11a, 11b, and es 2 and 3; Part IV, Se ion D, lines 5, 6, and 8	l 11c; Part IV, S ection E, lines 1 3; and Part V, S	ection c, 2a, 2b,	
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#### Schedule B

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

Department of the Treasury

**Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

GLOBAL PARTNERS IN PEACE AND DEVELOPMENT

**Employer identification number** 

75-3098074

Organization type (check on	ie):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions.	
Special Rules		
regulations under sec 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
contributor, during th contributions totaled during the year for an General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the est to this organization because it received nonexclusively religious, charitable, etc., contributions ore during the year	

#### **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 Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

GLOBAL PARTNERS IN PEACE AND DEVELOPMENT	175-3098074
Form 990, Part III, Line 4A: THE CORPORATION PROVIDED FUNDING FOR ECO	NOMIC DEVELOPMENT IN
UNDEVELOPED COUNTRIES, ORPHAN ASSISTANCE, EDUCATION MISSION T	RIPS, CLEAN WATER ACCESS,
DISASTER RELIEF, INTERNATIONAL RELATIONSHIP BUILDING AND EDUCATION	DN
Form 990, Part VI, Section B, Line 11A: THE CHAIRMAN REVIEWS THE FORM 99	0 PRIOR TO FILING.
Form 990, Part VI, Section B, Line 19: THE ORGANIZATION DISCLOSES INFORM	IATION UPON REQUEST.
••••	
***************************************	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
GLOBAL PARTNERS IN PEACE AND DEVELOPMENT	75-3098074

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
Federated Campaigns		
Membership dues		
Fundraising events		
Related organizations		
Government grants (contributions)		
All other contributions, gifts, grants, and similar amounts not included above:  DONATIONS	1,111,530	

# IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-187	E
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Department of the Treasury

For calendar year 2016, or fiscal year beginning , 2016, and ending

Do not send to the IRS. Keep for your records.

Internal Revenue Service

nation about Form 8879-FO and its instructions is at www.irs.gov/form8879eo

	Employer identification number
Name of exempt organization GLOBAL PARTNERS IN PEACE AND DEVELOPMENT	75-3098074
Name and title of officer	
JONATHAN GROOMS	CHAIRMAN
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable of you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter-0- on the return, then enter-0- on the applicable line below. Do not complete more than 1 line in 1a. Form 990 check here     X	rn being filed with this er -0-). But, if you entered n Part I. line 12)
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examine 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return original organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refur the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debi institution account indicated in the tax preparation software for payment of the organization's federal taxes and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authinvolved in the processing of the electronic payment of taxes to receive confidential information necessary.	d belief, they are true, of the organization's nator (ERO) to send the for rejection of the nd. If applicable, I authorize t) entry to the financial s owed on this return, . Treasury Financial norize the financial institutions
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signal	ture for the organization's
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signal electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	ture for the organization's
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signal electronic return and, if applicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only	ture for the organization's
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signal	ture for the organization's
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signal electronic return and, if applicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  I authorize BARBER & GARDNER, PLC to enter my PERO firm name  on the organization's tax year 2016 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization filed return. If I have indicated within this return that a copy of the return is being filed or the organization in the return is being filed or the organization.	98074 as my signature Enter five numbers, but do not enter all zeros  this return that a copy of the return program, I also authorize the  on's tax year 2016 electronically with a state agency(ies) regulating
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signal electronic return and, if applicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  I authorize BARBER & GARDNER, PLC to enter my PERO firm name  on the organization's tax year 2016 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization.	98074 as my signature Enter five numbers, but do not enter all zeros  this return that a copy of the return program, I also authorize the  on's tax year 2016 electronically with a state agency(ies) regulating losure consent screen.
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