# Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

Do not enter posici populity numbers on this form on it may be made nublic

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the	e 2017 ca	lendar year, or tax	year beginning			, and	ending				
В	Check if	applicable:	C Name of organizat	tion GLOBAL PA	ARTNERS IN	PEACE AND	DEVELOPME	NT	D Emplo	yer iden	tification n	umber
	Address	change	Doing business as		6.8	31						
	Nama ab			t (or P.O. box if mail is n	ot delivered to s	street address)	Room/suite		75-30980	74		
$\square$	Name ch	anye	PO BOX 117				12		E Teleph	one num	ber	
Ш	Initial retu	ım	City or town			State	ZIP code		(540) 765	-4300		
	Final return	/terminated	BLUE RIDGE			VA	24064		(0-10) 100	7-1000		
			Foreign country n	ame Forei	gn province/stat	e/county	Foreign posta	ai code				
$\square$	Amended	l return				_		_	G Gross	receipts	\$	1,116,809
	Application	on pending	F Name and address	s of principal officer:				H(a) is t	his a group retu	ım for sub	ordinates?	Yes X No
_			JONATHAN D G	<b>ROOMS 3160 RIC</b>	HARD AVE	. ROANOKE	VA 24012		e all subordir			Yes No
		-4 24-4	X 501(c)(3)	1				٦ ٠٠	"No," attach			
	Tax-exem				◀ (insert no.)	4947(a)(1	I) or 527	-				,
<u>J \</u>	Website	<u>s:</u> ► WW	W.GPARTNERS.	ORG				H(c) G	roup exemption	on numb	er 🕨	
K	orm of o	rganization:	X Corporation	Trust Asso	ciation C	Other >	L Ye	ar of form	ation: 200	)3 N	A State of le	egal domicile: VA
P	art I	Sui	mmary				***************************************					
•	1			ization's mission o	r most signi	ficant activitie	es. THE	CORP	ORATION	FXIS	TS FOR	CHARITABLE,
8	1.			DUCATIONAL PUR								
an				H BUILDING REL								
Governance												
8	2			the organization d							net asse	_
	3			rs of the governing							-	8
S	4			oting members of						4		8
Ę	5			s employed in cale						5		6
Activities &	6			s (estimate if nece						6		
×	7a			revenue from Part						7a		0
	b	Net unre	elated business ta	xable income from	1 Form 990-	<u>T, line 34 .   .</u>				7b		0
									Prior Year			Current Year
9	8			(Part VIII, line 1h)					1,	111,53	0	1,115,413
E E	9			(Part VIII, line 2g)							0	0
Revenue	10	Investm	ent income (Part '	VIII, column (A), lir	nes 3, 4, and	d 7d)				77	0	1,396
IF	11			column (A), lines 5							0	0
	12	Total rev	enue—add lines 8	through 11 (must ed	qual Part VIII,	, column (A), li	ne 12)		1,	112,30	0	1,116,809
	13	Grants a	and similar amour	nts paid (Part IX, c	olumn (A), li	nes 1–3)	933				0	0
	14	Benefits	paid to or for me	mbers (Part IX, co	lumn (A), lin	e 4)				(	0	0
S	15	Salaries,	other compensation	on, employee benefi	its (Part IX, co	olumn (A), line	es 5–10) .   .		57,782		2	64,150
Expenses	16a	Professi	onal fundraising f	ees (Part IX, colur	nn (A), line 1	11e) . `					0	0
<u>a</u>	b		_	s (Part IX, column			10,507	7				
ũ	17			column (A), lines		f–24e)			8	385,38	9	1,116,965
	18			13-17 (must equa						943,17		1,181,115
	19			Subtract line 18 fro						169,12		-64,306
P 8			<u> </u>					Begin	ning of Curr			End of Year
Net Assets or Fund Belances	20	Total as	sets (Part X. line	16)						321,65		558,333
ABB	21			e 26)						2,35		3,338
S S	22			es. Subtract line 2						319,30		554,995
	art II		nature Block									
				examined this return, in	cluding accomp	anving schedule	s and statement	s, and to t	he best of my	knowie	dae	
				aration of preparer (oth								
0:-												
Sig			Signature of officer						Dat	e		
He	re	<b>A</b>										
			Type or print name an	d title								
_		Prin	t/Type preparer's name		Preparer's s	ignature		Da	te			PTIN
Pa	id					-				Check	if	
	eparer	TAN	MMIE J LEWISON					5	/8/2018	self-en	nployed	P01240692
	e Only		's name ► BARE	BER & GARDNER	PLC				Firm's EIN	▶ 54-	1923207	
_0	J 0111	Firm		PLANTATION RD,		VA 24019			Phone no.		0) 366-42	
Ma	v the IF			the preparer show			18)		•			X Yes No
*4167	, 11		- LING FOLDITI WILL	WALLE INTRACTOR	42441 13		197					VII 100 I INO

4e

**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 candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? 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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
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		Х
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 temporarily restricted			
	endowments, permanent endowments, or 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," complete			
	Schedule D, Part VI	11a		Х
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		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? 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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
124	Schedule D, Parts XI and XII	12a		x
h	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<del>  ^</del>
13	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			<del>  ^</del>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<u> </u>
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	1	X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  ''</del>	<del>                                     </del>	<del>  ^</del>
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		Х
40		18		<del>  ^</del>
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	40		x
	II TES, COMPRETE SCHEUUR G, FAILIII	19		. ^

**Checklist of Required Schedules** (continued) Part IV No Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . . . . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . . 20b 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 . . . . . . . . . . . X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 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 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 Х 25a 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 25b Χ 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 Χ 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 Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . . . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c X Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. X 35a X 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

75-3098074 Form 990 (2017) GLOBAL PARTNERS IN PEACE AND DEVELOPMENT Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . . Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . 8 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return. X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . . b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a X 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . . . X 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b 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 Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . Χ 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f f **7**g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . h 10 Section 501(c)(7) organizations. Enter: 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . Section 501(c)(12) organizations. Enter: 11

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

Sect	ion 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	<b>1a</b> 8		523	1,12
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	annoint			
·u	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				
D	stockholders, or persons other than the governing body?		7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertake		710		
8		ii duning			
	the year by the following:		8a	X	
a	The governing body?		8b	x	
b	Each committee with authority to act on behalf of the governing body?		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				V
- 1	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue C</u>	oae.		
			40	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 pu		10b		<u></u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100	
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		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	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	val by			70.00
	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		Χ
	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 arrang	gement			
	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 evalu	ate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3)	s only	/)	
-	available for public inspection. Indicate how you made these available. Check all that apply.	. , , , , , , , , , , , , , , , , , , ,	•	•	
		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,		cy, an	d	
	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 l	books and records:	•		
	JONATHAN D GROOMS	540 765 4300			
	1331 RAINBOW FOREST DRIVE, TROUTVILLE, VA 24175				

						,				
Form 990 (2017)	GLOBAL PARTNERS IN PEACE A	ND DEVELOPA	MENT		75-30980	74 Page <b>7</b>				
Part VII	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a r	ontractors				🔲				
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highest Compensated E	mployees						
1a Complete organization's	this table for all persons required to be stax year.	listed. Report co	mpensation for the calend	lar year ending v	with or within the	ı				
List all     List the who received organization a	of the organization's current officers, di ion. Enter -0- in columns (D), (E), and ( of the organization's current key emplor organization's five current highest con reportable compensation (Box 5 of For and any related organizations. of the organization's former officers, ke	F) if no compens byees, if any. See npensated emplor m W-2 and/or Bo	sation was paid. e instructions for definition oyees (other than an office ox 7 of Form 1099-MISC)	of "key employer, director, trustoof more than \$1	ee." ee, or key emplo 00,000 from the	oyee)				
\$100,000 of r	eportable compensation from the organ	ization and any	related organizations.							
organization,	• List all of the organization's <b>former directors or trustees</b> 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									
•	employees; and former such persons.									
X Check th	is box if neither the organization nor an	y related organiz	ation compensated any c	urrent officer, dir	ector, or trustee.	,				
	(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				

(A) Name and Title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee) Or director or					an (ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	æ	employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JONATHAN GROOMS	30.00									
CHAIRMAN	0.00	X		X	<u> </u>					
(2) PAUL TROUTT										
VICE-CHAIR	0.00	X	_	X						
(3) JAMES KISTNER	1.00									
TREASURER	0.00	X		Х			_			
(4) JANE CAMPBELL	1.00									
SECRETARY	0.00	X		X						
(5) DANIEL NAKANO	1.00									
DIRECTOR	0.00	Х					L			
(6) JEFF LUNDEEN										
DIRECTOR	0.00	Х								
(7) SCOTT CUNNINGHAM	1.00									
DIRECTOR	0.00	Х						_		
(8) JESSICA LANKFORD	1.00						-			
DIRECTOR	0.00	Х							1	
(9)										
(10)										
(11)										
(12)								_		
(13)										
(14)										

	GLOBAL PARTNERS IN PEAC art VII Section A. Officers, Directors, Tru					LHi	ahoe	t C	omneneated Em	75-309		
	(A) Name and title	(B) Average hours per	(do r	ot ch	Pos eck	ition more	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(15)												
(16)												
(17)												
(18)												
(19)												
(20)						-						
(21)	***************************************											
(22)				C								
(23)												
(24)			-			_						
(25)												
1b c d	Sub-total	nited to those lis	 	bov	•	 		▶ ▶ ved	0 0 0 1 more than \$100	0 0 0,000 of	0	
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,			oye		_		t compensated		Yes No	
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.	of reportable con	npen	satio						h 	4 X	
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "You have needed to the organization?"										5 X	
1	complete this table for your five highest compecompensation from the organization. Report covers.										tax	
	(A) Name and business add	ress							(B) Description of ser	vices (	(C) Compensation	
											0	
											0	
											0	
2	Total number of independent contractors (include	ding but not limit	ed to	tho	se l	iste	d aho	(ave	who received		0	

Form 990 (2017)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any lin	ne in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
23 19	1a	Federated campaigns	0				
ran	b	Membership dues	0	See South to the			
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	0				
Sift ar	d	Related organizations	0				
imi	е	Government grants (contributions) 1e	0				
rto er S	f	All other contributions, gifts, grants, and					
년 원		similar amounts not included above 1f 1,115,	413				
out bu	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a–1f	.▶	1,115,413			
9		Business Co	ode				
Program Service Revenue	2a			0			
Re	b			0			
2	С			0			
Sen	d	3		0			
Ē	е	2 00000		0			
p B	f	All other program service revenue		0	T C C		
ے	g	<b>Total.</b> Add lines 2a–2f	<b>•</b>	0			
	3	Investment income (including dividends, interest, and					
		other similar amounts)		1,396			
	4	Income from investment of tax-exempt bond proceeds	<b>&gt;</b>	0			
	5	Royalties	<b>&gt;</b>	0			
		(i) Real (ii) Persons	al				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of (i) Securities (ii) Other					
		assets other than inventory 0	0				
	b	Less: cost or other basis					
		and sales expenses 0	0			7-10	
	С	Gain or (loss)	0				
	d	Net gain or (loss)	. ▶	0			
0	90	Gross income from fundraising					
2	Ua	events (not including \$0					
946		of contributions reported on line 1c).	l				Marian Labor.
ž		See Part IV, line 18	ام				
Other Revenue	h	Less: direct expenses b					
ŏ		Net income or (loss) from fundraising events		0			
		Gross income from gaming activities.				P=2+7++++=+	
	Ja	See Part IV, line 19 a	ما				
	h	Less: direct expenses b	0				for the second
		Net income or (loss) from gaming activities	<u> </u>	0			
		Gross sales of inventory, less				Buestone Avaria	
	IVa	returns and allowances	0				
	h	Less: cost of goods sold b	0				
		Net income or (loss) from sales of inventory	<b>—</b> Ŭ	0		Mark States	
	۳	Miscellaneous Revenue Business Co		0			
	11a		-00	0	HOLDER OF THE PARTY OF THE PART		
	b			0			
	C			0			
	d	All other revenue		0			
	e	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions		1,116,809	0	0	0
	14	TOTAL TEVELLIGE OFF ITISH HOLD ITS	. —	1, 110,009	U	. 0	1 0

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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		Also are particular	
4	Benefits paid to or for members	0		HUNCON CHES	
5	Compensation of current officers, directors,				
_	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		55.035	
7	Other salaries and wages	55,675		55,675	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits			0.475	
10	Payroll taxes	8,475		8,475	
11	Fees for services (non-employees):	o			
a b	Management	0	- 8		
	Legal	400		400	
c d	Accounting	400		400	
e	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	0			
9	(A) amount, list line 11g expenses on Schedule O.)	991		o	991
12	Advertising and promotion	1,769		-	1,769
13	Office expenses	13,133		13,133	1,700
14	Information technology	6,375	-	6,375	
15	Royalties	0		5,575	
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	799		799	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	. 0	0
23	Insurance	1,058		1,058	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	Charles and Annual Control			
а	PROGRAM EXPENSES	1,075,000	1,075,000		
b	POSTAGE	2,345		2,345	W-10-2%
C	TELEPHONE	233		233	
d	FUNDRAISERS	7,747			7,747
e	All other expenses	7,115	4 077 066	7,115	46 50-
25	Total functional expenses. Add lines 1 through 24e	1,181,115	1,075,000	95,608	10,507
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)				

Total liabilities and net assets/fund balances .

75-3098074

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	312,693	1	249,851
	2	Savings and temporary cash investments	308,960	2	308,482
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,		Mari	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		481	
40		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets	1	organizations (see instructions). Complete Part II of Schedule L	0	6	
1SS	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or		44	
	١	other basis. Complete Part VI of Schedule D 10a 0			
	1	Less: accumulated depreciation	0	$\overline{}$	0
	11	Investments—publicly traded securities	0	11	0
	12 13	Investments—other securities. See Part IV, line 11	0	12 13	0
	14	Investments—program-related. See Part IV, line 11	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	621,653	16	558,333
_	17	Accounts payable and accrued expenses	2,352	17	3,338
	18	Grants payable	2,332	18	3,330
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
9	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
g		disqualified persons. Complete Part II of Schedule L	0	22	And a second second second
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	2,352	26	3,338
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
ës		complete lines 27 through 29, and lines 33 and 34.			
ano	27	Unrestricted net assets	0	27	
Bal	28	Temporarily restricted net assets	0	28	
ᅙ	29	Permanently restricted net assets	0	29	
ᆵ		Organizations that do not follow SFAS 117 (ASC958), check here		4.00	
or Fund Balances		complete lines 30 through 34.			
23	30	Capital stock or trust principal, or current funds	0	30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	619,301	32	554,995
Se		Total net assets or fund balances	619,301	_	554,995

558,333

621,653 **34** 

A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	Form 9	990 (2017) GLOBAL PARTNERS IN PEACE AND DEVELOPMENT	75-3098	3074	Pag	e 12
1 Total revenue (must equal Part VIII, column (A), line 12)	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI			. [	11-1
Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,116	,809
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2	•	1,181	1,115
Separate basis Consolidated basis Separate basis Separate basis Separate basis Consolidated basis Separate basis Sep	3	Revenue less expenses. Subtract line 2 from line 1	3		-64	,306
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		619	,301
7   Investment expenses	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  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 Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Both consolidated and separate basis  Both consolidated and separate basis	8		8			
Column (B))	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII		column (B))	10		554	1,995
Check if Schedule O contains a response or note to any line in this Part XII	Part	XII Financial Statements and Reporting				
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 Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII			<u>. [</u>	
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?					Yes	No
Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1919	
Were the organization's financial statements compiled or reviewed by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," explain in				
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?		Schedule O.				
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?	2a			2a		X
Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?				120		
b Were the organization's financial statements audited by an independent accountant?		reviewed on a separate basis, consolidated basis, or both:				
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		Separate basis Consolidated basis Both consolidated and separate basis				
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	b	Were the organization's financial statements audited by an independent accountant?		2b		Х
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis						
Separate basis Consolidated basis Both consolidated and separate basis		· · · · · · · · · · · · · · · · · · ·				
C II TES TO III E ZA DI ZD. QUESTITE DI QANIZALION HAVE A COMBILICE LITAL ASSUMES TESPONSIDIILA DI OVERSIONI DI	•					
	C			20		
the audit, review, or compilation of its financial statements and selection of an independent accountant?				20		
Schedule O.					-	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	32					Pales A
	Ja			32		x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	h			Ja		^
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	D			34		

Form **990** (2017)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number GLOBAL PARTNERS IN PEACE AND DEVELOPMENT 75-3098074 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . f Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

**Total** 

GLOBAL PARTNERS IN PEACE AND DEVELOPMENT Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2013 (b) 2014 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (c) 2015 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 0 0 0 0 Total. Add lines 1 through 3 . . . . . . 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) . . . . . . 0 Public support, Subtract line 5 from line 4 Section B. Total Support (e) 2017 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Total Calendar year (or fiscal year beginning in) 0 0 0 0 0 Amounts from line 4 . . . . . . . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . . . . 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.) . . . . . . . . . . 0 11 Total support. Add lines 7 through 10. . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . . . . . . . 14 0.00% 0.00% 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,037,599	904,304	1,008,931	1,111,530		4,062,364
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						0
3	organization's tax-exempt purpose						
3	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
*							
	benefit and either paid to or expended on						0
_	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						0
	organization without charge	4 007 500	004.004	4 000 024	4 444 520		4.060.364
6	Total. Add lines 1 through 5	1,037,599	904,304	1,008,931	1,111,530	0	4,062,364
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 amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						4,062,364
	ction B. Total Support		# N 0044		4 11 0040	43.0047	40.75
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,037,599	904,304	1,008,931	1,111,530	0	4,062,364
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	643	494	625	770		2,532
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	643	494	625	770	0	2,532
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						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,038,242	904,798	1,009,556	1,112,300	0	4,064,896
14	First five years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	, or fifth tax year a	s a section 501(c)(	(3)	_
	organization, check this box and stop here .						<b>&gt;</b>
Sec	ction C. Computation of Public Sur	port Percenta	ge				
15	Public support percentage for 2017 (line 8, co	olumn (f) divided by	line 13, column (1	"))		15	99.94%
16	Public support percentage from 2016 Schedu	ule A, Part III, line 1	5			16	99.91%
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 2017 (line	10c, column (f) div	rided by line 13, co	olumn (f))		17	0.06%
18	Investment income percentage from 2016 Sc	hedule A, Part III, I	ine 17			18	0.09%
19a	33 1/3% support tests—2017. If the organiz						
	not more than 33 1/3%, check this box and s						<b>▶</b> 🛛
b	33 1/3% support tests—2016. If the organiz						. —
	line 18 is not more than 33 1/3%, check this	pox and stop here.	. The organization	qualifies as a publi	icly supported orga	anization	▶ 🛌
20	Private foundation, If the organization did n	ot check a hox on !	ine 14 19a or 19	h check this hox a	nd see instructions		

#### 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 Supporti	ng 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.
- c 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) ourposes.
- 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?
- c 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**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? 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		
		15/2
2		
3a		
3b		
3c		
4a		
-ra		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b	3	
9с		
10a		and the same
405		
10b		

Part I	V 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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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		
Section	on B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	37		
	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,		-122	100
04	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1839
	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			64.5
Conti	the supported organization(s).	1		
Secu	on D. All Type III Supporting Organizations		Van	Ma
4	Did the organization provide to each of its supported experientions, but the last day of the 66th month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		limbe.
	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 <b>Part VI</b> how	1000		
	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			DIALES.
	significant voice in the organization's investment policies and in directing the use of the organization's	3333	70.16	1011
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	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 inst	ruetion	۵)	
a [	The organization satisfied the Activities Test. Complete line 2 below.	ucuon	s <i>)</i> .	
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 (se	e instruc	ctions	).
2	Activities Test. Answer (a) and (b) below.		Yes	No
	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			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		NET?
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			6 8
	reasons for the organization's position that its supported organization(s) would have engaged in these			100
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.	1921	100	TO UNITED
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Him		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		201
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

75-3098074

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	<u>nizations</u>	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	. 107		
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)
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):	1996		
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		C
7 Check here if the current year is the organization's first as a non-functional	Ily integ	rated Type III supporting of	
instructions).			

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	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.			1.7
	Distributable amount for 2017 from Section C, line 6			0
10_	Line 8 amount divided by line 9 amount			0.000
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			0
_	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
<u> </u>	From 2013			
	From 2014			
<u>d</u>	From 2015			
	From 2016			
	Total of lines 3a through e	0		
	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2017 distributable amount			0
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from			
	Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
	Applied to 2017 distributable amount			0
	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.  Remaining underdistributions for 2017. Subtract lines 3h		0	
6	_			
	and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			0
				0
7	Excess distributions carryover to 2018. Add lines 3j	_		
	and 4c. Breakdown of line 7:	0		
8				
<u>a</u> b	Excess from 2013	<del> </del>		
	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
¥	LAUGOS HUIII 2017	1		

Schedule A (F	Form 990 or 990-EZ) 2017 GLOBAL PARTNERS IN PEACE	AND DEVELOPMENT	75-3098074 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations re		
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part		d Fait V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional	al information. (See instructions.)	
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#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

**Employer identification number** 

GLOBAL PARTNERS IN PEACE AND DEVELOPMENT 75-3098074			75-3098074		
Organiz	ation type (check one):				
Filers of	f.	Section:			
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	oundation		
		527 political organization			
Form 990-PF		501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private found	ation		
		501(c)(3) taxable private foundation			
	nly a section 501(c)(7), (	ered by the <b>General Rule</b> or a <b>Special Rule.</b> 8), or (10) organization can check boxes for both the General Rule an	d a Special Rule. See		
General	Rule				
_	For 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.				
	contributor, during the ye	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ear, total contributions of more than \$1,000 exclusively for religious, clurposes, or for the prevention of cruelty to children or animals. Compl	naritable, scientific,		
,	contributor, during the ye contributions totaled mo during the year for an ex <b>General Rule</b> applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ear, contributions <i>exclusively</i> for religious, charitable, etc., purposes, be than \$1,000. If this box is checked, enter here the total contribution <i>(clusively</i> religious, charitable, etc., purpose. Don't complete any of the this organization because it received <i>nonexclusively</i> religious, charitaduring the year	out no such s that were received e parts unless the able, etc., contributions		

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).

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 75-3098074 GLOBAL PARTNERS IN PEACE AND DEVELOPMENT Form 990, Part III, Line 4A: THE CORPORATION PROVIDED FUNDING FOR ECONOMIC DEVELOPMENT IN UNDEVELOPED COUNTRIES, ORPHAN ASSISTANCE, EDUCATION, CLEAN WATER ACCESS, DISASTER RELIEF, INTERNATIONAL RELATIONSHIP BUILDING AND EDUCATION Form 990, Part VI, Section B, Line 11A: THE CHAIRMAN REVIEWS THE FORM 990 PRIOR TO FILING Form 990, Part VI, Section B, Line 19: THE ORGANIZATION DISCLOSES INFORMATION UPON REQUEST

Name of the organization GLOBAL PARTNERS IN PEACE AND DEVELOPMENT 75-3098074  Total Control of the organization of the oreal organization of the organization of the organization of the o	<u>2</u>
GLOBAL PARTNERS IN PEACE AND DEVELOPMENT 75-3098074	_
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