## Federal Tax Return

Global Partners in Peace and Development

2020

Boitnott & Schaben LLC P. O. Box 250 Cloverdale, VA 24077-0250 Phone: 540-9660114 Fax: 540-966-0106 timboitnott@botetourtcpas.com

## Form **990**

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

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

, and ending

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

2020

Open to Public Inspection

В	Check if a	applicable:		ers in Peace and Developm	nent	D Employ	er identificatio	n number
Ш	Address	change	Doing business as					
П	Name cha	ange	Number and street (or P.O. box if mail is no	ot delivered to street address)	Room/suite	75-30980		****
_		J	P.O. Box 117		<u> </u>	E Telepho		
	Initial retu	ırn	City or town	State	ZIP code	540-765-4	1300	
	Final return	/terminated	Blue Ridge	VA VA	24064			
$\Box$	Amended	l roturn	Foreign country name Foreign	n province/state/county	Foreign postal	G Gross r	acainta ¢	1 467 502
	Amended	retuiii				G Gloss i	sceipis #	1,467,593
	Application	n pending	F Name and address of principal officer:			H(a) Is this a group retu	rn for subordinates	? Yes X No
			Jonathan D. Grooms 1331 Rainbow	Forest Drive, Troutville,	VA 24175	H(b) Are all subordin	ates included?	Yes No
ſ	Tax-exer	npt status:	X 501(c)(3) 501(c) ( )	◀ (insert no.) 4947(a)(1	or 527	If "No," attach a	list. See instruc	ctions
	Website	: <b>&gt;</b> ww	w.Gpartners.org			H(c) Group exemption	n number 🕨	
				: [ ] au <b></b>	1.7	*A //		
-		organizatior		iation Other >	L Yea	or of formation: 200	3 M State	of legal domicile: VA
	arti		mmary					
a)	1		lescribe the organization's mission or	_		Corporation exist	s for Charita	ble
ű			ment and educational purposes. The					
rna		nations	through building relationships. We fu	Ifill these purposes with	cross cultural	<u> </u>		
Activities & Governance	2	Check to	his box ▶ 🔲 if the organization dis	scontinued its operations	or disposed	of more than 259	% of its net a	ssets.
Ö	3		of voting members of the governing				1 1	8
య	4		of independent voting members of t				4	8
tie	5	Total nu	ımber of individuals employed in cale	endar year 2020 (Part V.	line 2a) .   .		5	6
ξį	6	Total nu	umber of volunteers (estimate if nece	ssary) <i></i>	· · · · · ·		6	
Ac	7a	Total un	related business revenue from Part	VIII, column (C), line 12.			7a	0
	b		elated business taxable income from				7b	0
						Prior Year		Current Year
Revenue	8	Contribu	utions and grants (Part VIII, line 1h) .	<i>.j.</i> ??		1,4	100,400	1,426,787
	9	Progran	n service revenue (Part VIII, line 2g)				0	0
eke	10	Investm	ent income (Part VIII, column (A), lin	es 3, 4, and 7d)			26,401	6,046
œ	11		evenue (Part VIII, column (A), lines 5				52,369	34,760
	12	Total rev	venue-add lines 8 through 11 (must eq	jual Part VIII, column (A), I	ne 12)	1,4	179,170	1,467,593
	13		and similar amounts paid (Part IX, co				0	0
	14		s paid to or for members (Part IX, col		0	0		
Ś	15		, other compensation, employee benefit				116,204	118,913
Expenses	16a		ional fundraising fees (Part IX, colum				0	0
be	b		ndraising expenses (Part IX, column				332.33	
щ	17		xpenses (Part IX, column (A), lines 1				370,160	1,249,962
	18		penses. Add lines 13–17 (must equa				186,364	1,368,875
	19		ie less expenses. Subtract line 18 fro				-7,194	98,718
ets or	3		774			Beginning of Curr		End of Year
sets	20	Total as	ssets (Part X, line 16) 🦾				553,099	652,225
t As	21	Total lia	abilities (Part X, line 26)				3,099	3,507
Net Asse	22		ets or fund balances. Subtract line 2				550,000	648,718
	art II	Sic	gnature Block					
Unc	ler penalt	ies of perjui	ry, I declare that I have examined this return, inc	cluding accompanying schedule	s and statements	s, and to the best of m	y knowledge	- washing to the same of the s
and	belief, it	is true, corre	ect, and com <b>plet</b> e. Declaration of preparer (other	er than officer) is based on all in	formation of which	h preparer has any kn	owledge.	
Si	an							
	ere		Signature of officer			Dat	.e	
• • • •			***************************************					
			Type or print name and title					
		Prir	nt/Type preparer's name	Preparer's signature		Date	Che-li	PTIN
Pa		Tin	nothy B Boitnott	Timothy B Boitnott		11/12/2021	Check self-employed	if     D00436308
	epare	r						
Us	e Onl	у	m's name ► Boitnott & Schaben LLC			Firm's EIN	► 71-0903	
			m's address ▶ P. O. Box 250, Cloverda			Phone no.	540-966	<u> </u>
Ma	y the If	RS discu	ss this return with the preparer show	n above? See instruction	s			X Yes No

### 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	V	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		Х
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			
7	"Yes," complete Schedule D, Part I	6		_X_
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		_X_
	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		_^_
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Χ
·	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? If "Yes," complete			
h	Schedule D, Parts XI and XII	12a		X
D	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
	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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		X
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	17		\ v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	• • • • • • • • • • • • • • • • • • • •	20a		X
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

Par	Checklist of Required Schedules (continued)	190074		age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
2/12	employees? If "Yes," complete Schedule J.	23		X
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	<del> </del>	
_	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	<del> </del>	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	<del> </del>	<del> </del>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	2Ja		<del>  ^-</del>
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
b	If"Yes," complete Schedule L, Part IV.	28a		X
C	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If If"Yes," complete Schedule L, Part IV.			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Χ
	conservation contributions? If "Yes," complete Schedule M	20		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
	If "Yes," complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	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.	-		$\overline{}$
	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		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
~~	organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·		
4	Entor the number was ded in Day 0, (E. 1999, E.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		- 3
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	이		44
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			MASS.
	3 gamen g (gamen g) with ings to prize with ets!	1 1c	1	X

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)	0074		age .
			Yes	No
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 2a 6	] .		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X
4a	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 account)?	4a		X
b	If "Yes," enter the name of the foreign country			
<b></b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
<u>.</u>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
-7	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
h	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		١
d		7c		X
e	If "Yes," indicate the number of Forms 8282 filed during the year	┨		١.,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	<b> </b>	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	<b> </b>	X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		X
Ū	sponsoring organization have excess business holdings at any time during the year?			1
9	Sponsoring organizations maintaining donor advised funds.	8		X
а	Did the sponsoring organization make any taxable distributions under section 4966?			1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	<del>  </del>	X
10	Section 501(c)(7) organizations. Enter:	9b		X
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ĺ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	X
	Note: See the instructions for additional information the organization must report on Schedule O.	134	<del>                                     </del>	<del>  ^</del>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		x
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	<del>                                     </del>	⊢
. •	excess parachute payment(s) during the year			
		15	-	X
40	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	1		1

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 <u>1a</u> 8			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<u> </u>
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	- 00		<b></b>
•	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (		}	
	The control of the co	Joue.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		<del>-</del>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		<del>  ^-</del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		├─
Ŭ	describe in Schedule O how this was done.	120	Х	
13	Did the organization have a written whistleblower policy?	12c	_^_	<del> </del>
14	Did the organization have a written document retention and destruction policy?	13	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by	14		<del>  ^-</del>
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official.	45-		
b	Other officers or key employees of the organization	15a	<b></b>	X
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	<u> </u>	X
46-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	l.,		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
Saat	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>
<u>Sect</u>	List the states with which a copy of this Form 000 is required to be filed.			
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 1033 (1034 or 1034 A if applicable) 990 and 990 T (Caption			
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	5U1(C	)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po and financial statements available to the public during the tax year.	псу,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	_		
20		•		
	Jonathan D Grooms 540-765-4300			

Form 990 (2020)	Global Partners in Pe	eace and Developmen

75-3098074

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#### Part VII

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

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

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 week (list any hours for related organizations below	(do r	not ch unles er and Institutio	Pos eck s pe	ition more rson irecte	e than of is both or/truste employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	7 % 	stee			nsated				
(1) Jonathan Grooms	30.00	20%	la.							
Chairman	0.00	Х	100	Х						
(2) Paul Troutt	1.00	ĝ.								
Vice Chairman	0.00	X		Χ						
(3) James Kistner	1.00									
Treasurer	0.00	X		Х						
(4) Jane Campbell	1.00									
Secretary	0.00	Х		X						
(5) Jeff Lundeen	1.00									
Director	0.00	X								
(6) Scott Cunningham	1.00									
Director	0.00	X								
(7) Jessica Lankford	1.00	1								
Director	0.00	X		<u> </u>						
(8) Jeff Lundeen	1.00									
Director	0.00									
(9) Woodrow Fisher	1.00	1								
Director ###	0.00	X	_	<u> </u>						
(10)										
(11)										20000000
(12)										
(13)										
(14)										

Pa	art VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	iH t	ghes	t Co	ompensated Em	ployees (cont	inued)			
		(A) Name and title	(B) Average hours	(do r box,	not ch unles	Pos neck ss pe	c) ition more rson	than o	one n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of other		
			per week (list any hours for related organizations below dotted line)	Individual trustee or director	1	Officer		Highest compensated employee	<del></del>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	) org:	of other mpensation from the anization and d organizat	nd	
(15)										***					
(16)											**************************************				
(17)															
(18)															
(19)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							à,						
(20)									323						
(21)					4	Ŷ	3								
(22)				1		1920									
(23)						*(%c.									
(24)				- Ca.	Þ										
(25)															
1b	Subtotal			L	<u></u>	<u></u>		<u> </u>	<u> </u>	0		0			
С		n continuation sheets to Part VII, S								0				<del>-</del> 0	
d	Total (add	d lines 1b and 1c)	o						<b>&gt;</b>	0		ō	***************************************	0	
2		ber of individuals (including but not lied compensation from the organization		sted a	abov	/e) \	who	rece	ivec	I more than \$100	),000 of			0	
	·····							*************					Yes	No	
3		ganization list any <b>former</b> officer, dir on line 1a? <i>If "Yes," complete Sche</i> e										3		×	
4		ndividual listed on line 1a, is the sum ization and related organizations gre													
		N 2/ N						•				4		Х	
5		erson listed on line 1a receive or access rendered to the organization? If "Y										5			
Sec		ependent Contractors	o, comprete o	0.700	270 0	, , , , ,	000	,,, po	700,	<u> </u>	· · · · · · · · · · · · · · · · · · ·	3	<u> </u>	<u>X</u>	
1	Complete	this table for your five highest comp													
	compensa	ation from the organization. Report of (A)		uie C	alei	luai	yea	ar enc	Jing	(B)		((	<b>C)</b>		
		Name and business add	71.022	······					+	Description of ser	vices	Compe	nsation	^	
							~~~~		-					0	
									T			<del></del>		0	
														0	
														0	
2		nber of independent contractors (included a \$100,000 of compensation from the	-		o the	ose	liste	ed ab	ove	) who received					

### Part VIII

	***************************************	Check if Schedule O contains a response	or r	note to any line in	this Part VIII			$\square$
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s ts	1a	Federated campaigns	а	0				50000013 012-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	b	0				
يَ ق	С		С	0				
fts,	d		d	0				
g E	е	Government grants (contributions) 1	е	0				
Sir	f				医自动电压			
utic			lf	1,426,787				
rie H	g	Noncash contributions included in	1	.,				
ont od (		lines 1a–1f	g	\$ 0				
S &	h	Total. Add lines 1a-1f			1,426,787			
			Ť	Business Code				
ce	2a				0			The second secon
ہ ج	b		Ī	*****	0	i j		***************************************
gram Serv Revenue	C		Ī		0			
a Se	d			·······	0.0			
Ë Ř	е				0	<b>X</b> .		
Program Service Revenue	f	All other program service revenue	Ī		0			
	g	Total. Add lines 2a-2f			0		Europe Salar	
	3	Investment income (including dividends, inter-	est.	and	,	N. 1997		
		other similar amounts)			6,046	6,046		
	4	Income from investment of tax-exempt bond p			0,040			
	5	Royalties			0			
		(i) Real	Ť	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b	_					
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)		.4 1. ▶	0			
	7a	Gross amount from (i) Securities		(ii) Other	. Maranda ing a			
		sales of assets	09%					
		other than inventory 7a	ol	0				
ē	b	Less: cost or other basis	36.					
Revenue		and sales expenses 7b	ol	0				
e S	С	Gain or (loss) 7c	0	0				
LE.	d	Net gain or (loss)		<b>&gt;</b>	0			1
ther	8a	Gross income from fundraising	ŤŤ		Mar e dae, si	turbana ji jur	91 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
0		events (not including \$ 34,250						
		of contributions reported on line 1c).						
		See Part IV, line 18	la	34,250				
	b		b				184.1	
	С	Net income or (loss) from fundraising events.			34,250			
	9a	Gross income from gaming activities.	T					
		See Part IV, line 19 9	a	0				
	b	Less: direct expenses 9	b	0				
	С	Net income or (loss) from gaming activities .			0	,		
	10a	Gross sales of inventory, less	T					
		returns and allowances	0a	0				
	b	Less: cost of goods sold	0b	0				
	c	Net income or (loss) from sales of inventory .			0			
S			T	Business Code	Maria en la Avi	1400 (41.04)	a ji jali diya.	
on le	11a	Marketing	ľ		0	0		2 2 4 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Miscellaneous Revenue	b	Miscellaneous	T		510			
e e e	С		Ī		0			
isi R	d	All other revenue	Ī		0			
Σ	е	Total. Add lines 11a-11d			510	<del> </del>	10.1211112311434	
	12	Total revenue. See instructions			1,467,593		0	0

## Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other o	rganizations must o	omplete column (A	).
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		[7]
Do 8b,	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			general expenses	expenses
	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,		<i>(</i> 2)		
	trustees, and key employees	o	and the second	0	
6	Compensation not included above to disqualified		1/ 1/4	<u> </u>	
	persons (as defined under section 4958(f)(1)) and		A.		
	persons described in section 4958(c)(3)(B)	106,828		106.828	
7	Other salaries and wages	0	*******		
8	Pension plan accruals and contributions (include		4.	***************************************	***************************************
	section 401(k) and 403(b) employer contributions)	l ol			
9	Other employee benefits	0	70.29		
10	Payroll taxes	12,085		12,085	
11	Fees for services (nonemployees):	. V.	4	12,000	
а	Management	0			
b	Legal	0	<del></del>		
С	Accounting	0			
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	32			
_	7.1	ol		0	
12	Advertising and promotion	0		0	
13	(A) amount, list line 11g expenses on Schedule O.)	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	964	<u> </u>	964	
24	Other expenses. Itemize expenses not covered	001		304	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program expenses	1,240,965	1,262,603	-21,638	
b	Eundrainera	8,033	1,202,000	-21,030	0.000
c	ruidiaiseis	0,033			8,033
d		0			
e	All other expenses	U			
25	Total functional expenses. Add lines 1 through 24e	1,368,875	1,262,603	00.000	
26	Joint costs. Complete this line only if the	1,000,075	1,202,003	98,239	8,033
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

Cach			Check if Schedule O contains a response or note to any line in this Part X			
Cash—non-interest-bearing			Begin			
2   Savings and temporary cash investments   300,116   2   11,845		1			1	
3 Pledges and grants receivable, net.  4 Accounts receivables, net.  5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(8)  7 Notes and loans receivable, net.  8 Invertories for sale or use.  9 Prapaid expenses and deferred charges.  10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  10 b Less: accumulated depreciation.  11 Investments—publicy traded securities.  12 Investments—buildy traded securities.  13 Investments—buildy traded securities.  14 Intaglie assets.  5 Other assetts. See Part IV, line 11.  15 Other assetts. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  18 Grants payable and accrued expenses.  19 Deferred revenue.  20 Tax-exempt bond liability. Complete Part IV of Schedule D.  21 Loans and other payables to unrelated third parties.  22 Loans and other payables to unrelated third parties.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities. Add lines 17 through 25.  27 Notes and loans payable or or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  29 Praparatives that the follow FASB ASC 958, check here Part V or Schedule D.  20 Total liabilities. Add lines 17 through 25.  30 Related as the follow FASB ASC 958, check here Part V or Schedule D.  31 Relained earnings, endowment, accumulated income, or other funds.  32 Capital stock or trust principal, or current funds.  33 Total liabilities and easests/fund balances.  550,000 31 648,718  550,000 32 645,718  550,000 33 652,225		2	Savings and temporary cash investments		2	
A   Accounts receivable, net.   0   4   0		3			3	
Solution   Comparison   Comp		4	Accounts receivable, net	0	4	0
Controlled entity or family member of any of these persons.   0   5		5				***************************************
Section   Complete   Complete			trustee, key employee, creator or founder, substantial contributor, or 35%		4.	
Section   Complete   Complete			controlled entity or family member of any of these persons	0	5	
1		6	Loans and other receivables from other disqualified persons (as defined			
9   Prepad expenses and deferred charges   10a   Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D   10a   0   0   10c   0   0   10c   0   111   100   12   112   112   112   112   112   112   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113				0		
9   Prepad expenses and deferred charges   10a   Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D   10a   0   0   10c   0   0   10c   0   111   100   12   112   112   112   112   112   112   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113	ets	7	Notes and loans receivable, net	Ø & 0	77	0
9   Prepad expenses and deferred charges   10a   Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D   10a   0   0   10c   0   0   10c   0   111   100   12   112   112   112   112   112   112   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   112   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113   113	\ss	8	Inventories for sale or use	0	8	
Separation   Complete Part VI of Schedule D   10a   0   0   10c   0   10c   0   10c   0   11   10c   11   10c   11   10c   11   10c   12   10c   12   10c   12   10c   12   10c   12   10c   13   10c   12   10c   13   1	1	9		0	9	
b Less: accumulated depreciation   10b   0   10c   0   10c   10c   11c   11		10a				
11   Investments—publicly traded securities   0   11   0   12   0   13   13   10   13   13   10   14   14   14   15   14   14   15   15						
12		b	· · · · · · · · · · · · · · · · · · ·	0	10c	0
13   Investments—program-related. See Part IV, line 11   0   13   0   0   14   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   0   0   0   0   0   0		11		0	11	0
14   Intangible assets   0   14   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   0   0   0   0   0   0		12		0	12	0
15 Other assets. See Part IV, line 11			Investments—program-related. See Part IV, line 11	0	13	0
15 Other assets. See Part IV, line 11			Intangible assets	0	14	0
17			Other assets. See Part IV, line 11		15	0
18			Total assets. Add lines 1 through 15 (must equal line 33)	553,099	16	652,225
19   Deferred revenue   0   19   19   20   20   21   20   21   20   21   21						3,507
Tax-exempt bond liabilities  Tax-exempt bond liabilities  Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D.  Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  Secured mortgages and notes payable to unrelated third parties.  Unsecured notes and loans payable to unrelated third parties.  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.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here ▶  And complete lines 27, 28, 32, and 33.  Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here ▶  Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here ▶  And complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  550,000 31 648,718  Total liabilities and net assets/fund balances.  553,099 33 652,225			Grants payable			
21						
22						
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  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.  26 Total liabilities. Add lines 17 through 25.  3,099 26 3,507  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Dradi-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  550,000 32 648,718  Total liabilities and net assets/fund balances.  553,099 33 652,225				0	21	
24 Unsecured notes and loans payable to unrelated third parties	ties	22				
24 Unsecured notes and loans payable to unrelated third parties	E					
24 Unsecured notes and loans payable to unrelated third parties	ia					
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						
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D				0	24	0
Part X of Schedule D		25				
Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions.  Organizations that do not follow FASB ASC 958, check here   Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here   and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  3,099 26  3,507  3,099 26  3,507  27  28  Statistic descriptions  O 27  28  Organizations that do not follow FASB ASC 958, check here    X  And complete lines 29 through 33.  29  Capital stock or trust principal, or current funds.  O 29  Total net assets or fund balances.  550,000 31  G48,718  Total liabilities and net assets/fund balances.  553,099 33  G52,225				0		
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions.  Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  Total liabilities and net assets/fund balances.  S53,099 33 652,225		26				0 507
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions		20		3,099	26	3,507
33   10tal liabilities and net assets/fund balances	ces					
33   10tal liabilities and net assets/fund balances	an					
33   10tal liabilities and net assets/fund balances	Bal	1				
33   10tal liabilities and net assets/fund balances	þί	28		0	28	
33   10tal liabilities and net assets/fund balances	Fui					
33   10tal liabilities and riet assets/fund balances	ō	20		0		
33   10tal liabilities and riet assets/fund balances	its	l	Paid in or capital curplus or land, building, or cavisment find			
33   10tal liabilities and riet assets/fund balances	SSE	l .				040.740
33   10tal liabilities and riet assets/fund balances	t A	l			<del> </del>	
	Se	ı		***************************************	<del></del>	
			rotal maximuo and not association bandiness.	555,099	33	

		5-3098074	Page	e 12
Hi	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	•	1,467	,593
2	Total expenses (must equal Part IX, column (A), line 25)		1,368	,875
3	Revenue less expenses. Subtract line 2 from line 1		98	,718
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		550	,000
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
Kara Stranger and Am	column (B))		648	<u>,718</u>
201	XII Financial Statements and Reporting		-	
	Check if Schedule O contains a response or note to any line in this Part XII.		· [	
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 2b	Ì	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		Ì	
	the Single Audit Act and OMB Circular A-133?	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		X
		Form	990 (	(2020)

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

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

2020
Open to Public Inspection

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, The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 b 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. C 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) 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. f 0 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 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

0

Schedule A (Form 990 or 990-EZ) 2020 Global Partners in Peace and Development 75-3098074 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 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 Total. Add lines 1 through 3 . . . . . . 0 0 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) . . . . . Public support. Subtract line 5 from line 4 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4 . . . . . . . 0 0 0 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . . . . . 0 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 (Explain in Part VI.) . . . . . . . . . . 11 Total support. Add lines 7 through 10. . 12 First 5 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 0.00% 0.00% 16a 33 1/3% support test-2020. 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—2019. 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—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

## Partill 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						(i) i otal
	received. (Do not include any "unusual grants.")	1,111,530	1,115,413	1,279,221	1,425,094	1,426,787	6,358,045
2	Gross receipts from admissions, merchandise					1,120,707	0,000,040
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						0
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						0
7	organization's 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	1,111,530	1,115,413	1,279,221	1,425,094	1,426,787	6,358,045
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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						6,358,045
Sec	tion B. Total Support						0,000,040
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,111,530	1,115,413	1,279,221	1,425,094	1,426,787	6,358,045
10a	Gross income from interest, dividends,			.,	1,120,001	1,420,707	0,336,043
	payments received on securities loans, rents,						
	royalties, and income from similar sources	770	1,396	2,000	897	6.046	44.400
b	Unrelated business taxable income (less		1,000	2,000	091	6,046	11,109
	section 511 taxes) from businesses						
	acquired after June 30, 1975						_
c	Add lines 10a and 10b	770	1 206	2.000	007		0
11	Net income from unrelated business		1,396	2,000	897	6,046	11,109
• •	1						
	activities not included in line 10b, whether						
40	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.)	1,112,300	1,116,809	1,281,221	1,425,991	1,432,833	6,369,154
14	First 5 years. If the Form 990 is for the orga	nization's first, seco	ond, third, fourth, or	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here .		· · · · · · · · ·				
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8, c	olumn (f), divided by	y line 13, column (f	f))		15	99.83%
16	Public support percentage from 2019 Sched	ule A, Part III, line 1	5			16	99.90%
Sec	tion D. Computation of Investmen	t Income Perce	entage				00.0070
17	Investment income percentage for 2020 (line			olumn (f))		17	0.17%
18	Investment income percentage from 2019 So	chedule A. Part III. I	ine 17			18	
19a	33 1/3% support tests—2020. If the organi	zation did not check	the box on line 14	1. and line 15 is me	ore than 33 1/3%		0.10%
	not more than 33 1/3%, check this box and s	top here. The oras	inization qualifies a	as a publicly suppo	orted organization	2114 IIIIG 17 18	<b>&gt;</b> X
b	33 1/3% support tests—2019. If the organi	zation did not check	a box on line 14 c	or line 19a. and line	e 16 is more than 1	33 1/3% and	· · · · • 🔼
	line 18 is not more than 33 1/3%, check this	box and stop here.	The organization	qualifies as a publ	icly supported oras	anization .	
20	Private foundation. If the organization did r	not check a box on I	ine 14, 19a or 19h	check this hox a	nd see instructions		
	· · · · · · · · · · · · · · · · · · ·		,	., and box a	55556 4660118		· · · · •

#### Part IV Supporting Organizations

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

Section	Α.	ΑII	Sup	porting	Orga	anizations
---------	----	-----	-----	---------	------	------------

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 box 12a or 12b in Part I, answer lines 4b and 4c 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) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 line 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		
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	4a		
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	4c		
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	9a		
	9b	<del>                                     </del>	
	9c		
	10a		
	10b		

supplemental supplements		-3098074	i	Page 5
Part	Supporting Organizations (continued)			··
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b	<del>                                     </del>	<del> </del>
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		1	<del>                                     </del>
	detail in <b>Part VI</b> .	11c		
Sect	ion B. Type I Supporting Organizations		·	<del></del>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	4		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		+
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		·L	1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Name of the last o		
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soot	the supported organization(s).	1	<u> </u>	
Sect	ion D. All Type III Supporting Organizations		T.,	T
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tov		
	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		1	<del>                                     </del>
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	w		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	İ	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cont	supported organizations played in this regard.	3	<u></u>	
	ion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	ee instruction	is).	
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 governmental	entity (see instruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	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		
þ	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	- A		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		1	
2	these activities but for the organization's involvement.	2b		+
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the organization exercise.	3a	-	5 7,710
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Global Fattlets II Feace and Development			090074 Page <b>0</b>	
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	nizatio	ns must complete Sections	A through E.	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4	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	i New			
(explain in detail in <b>Part VI</b> ):				
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 0.015 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 0.035.	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 0.85 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	ally inte	grated Type III supporting	organization (see	
instructions).	-	3	- '	

Pari	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 ex-	empt purposes						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3								
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part VI</b>	)					
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 to	he organization is respor	nsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2020 from Section C, line 6			0				
10_	Line 8 amount divided by line 9 amount	<b>-</b>		0.000				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6			0				
2	Underdistributions, if any, for years prior to 2020							
	(reasonable cause required—explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2020							
a								
b	From 2016							
c	From 2017							
d	From 2018							
	From 2019							
f	Total of lines 3a through 3e	0						
g	Applied to underdistributions of prior years		0					
<u>h</u>	Applied to 2020 distributable amount			0				
i	Carryover from 2015 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0						
4	Distributions for 2020 from							
	Section D, line 7: \$							
a			0					
b	Applied to 2020 distributable amount			0				
c	Remainder. Subtract lines 4a and 4b from line 4.	0						
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.		0					
6	Remaining underdistributions for 2020. 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 2021. Add lines 3j	_						
	and 4c.	0						
8	Breakdown of line 7:							
a								
b								
<u>c</u>								
d								
e	Excess from 2020							

### 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

2020

Employer identification number

Global Partners in Peace a	nd Development /5-3098074
Organization type (check	one):
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
• •	s 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
General Rule	
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.
Special Rules	
regulations under s 13, 16a, or 16b, ar	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) 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 literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
contributor, during contributions totale during the year for <b>General Rule</b> appl	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such d 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 ies to this organization because it received nonexclusively religious, charitable, etc., contributions nore during the year
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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 G** (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а е Internet and email solicitations b Solicitation of government grants Phone solicitations С Special fundraising events g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 n 0 0 0 0 0 3 0 0 0 4 0 0 0 5

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0 b 0 Total. 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

6

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PartII

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) Proceeds for Poverty Golf Tournament 1 (event type) (event type) (total number) Revenue Gross receipts . . . . . 10,454 19,630 4,166 34,250 Less: Contributions . . . 0 Gross income (line 1 minus 19,630 10.454 4,166 34,250 4 Cash prizes . . . . . 0 Noncash prizes . . . . . 0 0 Direct Expenses Rent/facility costs . . . . 0 Food and beverages . . . 0 0 Entertainment . . . . . 0 Other direct expenses . . 0 0 Net income summary. Subtract line 10 from line 3, column (d) . . . . . . . . 34,250 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . 0 Direct Expenses Cash prizes . . . . . 0 Noncash prizes . . . . . 0 Rent/facility costs . . . . Other direct expenses. 0 Yes Yes Yes Volunteer labor . . . . . No 0) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: 9 If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . b If "Yes," explain:

Schedu	ule G (Form 990 or 990-EZ) 2020 Global Partners in Peace and Development	75-3	098074	Page 3
11	Does the organization conduct gaming activities with nonmembers?			No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:	٠ . ـ		
а	The organization's facility	13a		%
b	An outside facility	13b		9/
14	Enter the name and address of the person who prepares the organization's gaming/special events books ar records:			
	Name ▶			~~~~~~
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	Г	٦.,	
b	revenue?	· · L	Yes	No
Ь	amount of gaming revenue retained by the third party  \$ 0 and the \$ 0 are the amount of gaming revenue retained by the third party			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$ 0	~		
	Description of services provided •			
	Director/officer Employee Independent contractor			
47	Manual alam, all aboth, at a man			
17	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?	Г	¬ v	
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Yes	No
~	spent in the organization's own exempt activities during the tax year			(
Part				and
	Oce matructions.			
				~~~~~~

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

Department of the Treasury Internal Revenue Service

Name of the organization

### 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

2020

Open to Public

Inspection

Employer identification number

Global Partners in Peace and Development 75-3098074 Form 990, Part VI, Section B, Line 10C - 16: The Organization meets regularly to discuss budgeting, planning, salaries, hiring, conflicts of interest, financials.

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization	Employer identification number	
Global Partners in Peace and Development	75-3098074	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	***************************************	