Federal Tax Return

Global Partners in Peace and Development

2021

Boitnott & Schaben LLC
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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Global Partners in Peace and Development Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 75-3098074 Name change E Telephone number Initial return City or town ZIP code 540-765-4300 Blue Ridge VA 24064 inal return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 1,626,767 Gross F Name and address of principal officer: Application pending H(a) Is this a group re no for subo dinates? Jonathan D. Grooms Grooms 1331 Rainbow Forest Drive, Troutville, VA H(b) Are all subordinates included? attach a list. See instructions X 501(c)(3) Tax-exempt status: 501(c) 4947(a)(1) or) < (insert no.) Website: www.Gpartners.org xemption number Form of organization: X Corporation Association formation M State of legal domicile: 2003 Part I Summary Briefly describe the organization's mission or most significant activities: The Corporation exists for Charitable Activities & Governance development and educational purposes. The purpose is to promote peace a nong individuals and nations through building relationships. We fulfill these purposes with cross cultural Check this box I if the organization discontinued its operations of disposed I more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 18) 3 8 Number of independent voting members of the governing body (part voting 1b) 4 8 Total number of individuals employed in calendar year 2021 Part V, me 5 8 Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), J 7a 0 Net unrelated business taxable income from Form 990-T, Part J, line 11 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 1,426,787 1,571,866 9 Program service revenue (Part VIII, line 2g). 0 10 Investment income (Part VIII, column (A), lines 3, and 7d). 6,046 3 11 Other revenue (Part VIII, column (A), lines 5, 30, 8c, 30, 10c, and 11e) 34,760 54,898 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,467,593 1,626,767 Grants and similar amounts paid (Part IX column (A), lines 1–3). 13 0 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 Salaries, other compensation, employer benefits (Part IX, column (A), lines 5-10) . 15 118,913 138,182 Professional fundraising fees (Rat Mcolumn (A), line 11e) . . . 16a 0 b Total fundraising expenses (Part & column (D), line 25) 17 Other expenses (Part IX, column (A), tiles 11a-11d, 11f-24e) 1,249,962 1,348,912 Total expenses. Add lines 13 17 (must equal Part IX, column (A), line 25) . 18 1,368,875 1,487,094 19 Subtract line 18 from line 12 Revenue less expenses 98,718 139.673 **Beginning of Current Year** End of Year Total assets (Part X, line 20 652,225 792,379 21 Total liabilities (Part X, Inc. 26) 3,507 3,988 22 Net assets of fund balances. Subtract line 21 from line 20 788,391 Signature Blog Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Jonathan D. Grooms Grooms Manager Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Timothy B Boitnott Timothy B Boitnott 11/9/2022 self-employed P00436308 **Preparer** Firm's name ► Boitnott & Schaben LLC Firm's EIN ► 71-0903145 **Use Only** Firm's address ▶ P. O. Box 250, Cloverdale, VA 24077-0250 Phone no. 540-9660114

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

	90 (2021)		Peace and Developme			75-	3098074	Page 2
Pai	rt III	Statement of Progr						
		Check if Schedule C	contains a respons	se or note to any li	ne in this Part III			
1	Briefly o	lescribe the organization's	mission:					
		pose of the Organization i		nong individuals and	nations through			
		relationships. Peace is p			o ou poort			
		aritan aid, education and	training					
		and and and and and and						
2	Did the	organization undertake ar	v significant program	services during the v	ear which were not	listed on	<u></u>	
•		r Form 990 or 990-EZ? .				iisted on	Yes	X No
	-	describe these new servi					res	
•				and abancous to be set to				
3		organization cease condu			conducts, any prog	ram	<u> </u>	
		6 ?				100	Yes	X No
		describe these changes						
4		e the organization's progra						
		es. Section 501(c)(3) and			ort the amount of gr	ints and allocation	ons to others,	
	the tota	expenses, and revenue,	if any, for each progra	m service reported.				
4a	(Code:) (Expens	es \$ 1,311,551	including grants of	\$) (Revenue \$)
	Charita	ole development and educ	ation. Promote Peace	e among individuals a	and nations through			
	building	relationships with cross of	ultural education. See	attached statement	on Schedule O.			
		************************		.1				
				A 19				
				4 4	-			
					,			
4b	(Code) (Expens	es \$	Including grants of	\$) (Revenue \$		1
				10A 103				
								
			<i></i>					
			£}					
		····	<u> </u>					
_	(0 1		1.				505 551	
4c	(Code:	(Expens	188 \$	_ including grants of	\$) (Revenue \$)
4d	Other p	rogram services (Describe	on Schedule O.)					
_	(Expen	= -	0 including grants of	\$	0) (Revenue \$		0)	
4e		ogram service expenses	>	1,311,551				

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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	`	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		 ^
·	assessments, or similar amounts as defined in Rev. Proc. 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	 		<u> </u> ^
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
				l
-	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		١.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-resulted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		The same	
	VII, VIII, IX, or X, as applicable.		Mary.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule S. Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ان		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			 ^
120	Schedule D, Parts XI and XII	120		l 🗸
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	\vdash	×
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	426		l 🗸
12		12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		-^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	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			۱.,
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	١		۱.,
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	١.		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			l
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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

Part	IV Checklist of Required Schedules (continued)	0011	200	ago T
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	-	1	
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			12
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pap 1	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		-^-
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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	00		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
27				
	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	O ROLL TO LOS	Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	SIES		
а	A current or former officer, director, trustee, key employee, creater or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? Pes complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, fustorical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the arganization 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 on Schedule O for Part VI, lines 11b and			<u> </u>
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par			-	
	Check if Schedule O contains a response or note to any line in this Part V		1	
	and a supplied of the supplied	-	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1000	168	NO
b	· · · · · · · · · · · · · · · · · · ·		1	100
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	A.	DESCRIPTION OF THE PERSON OF T	V
	repertable gening (genioning/ withings to prize withers:	1c	Д.	X

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Part VI

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			1918
	If there are material differences in voting rights among members of the governing body, or		100	
	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	3000	100	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1333		
	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		_X_
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		Χ
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		OR STATE	
	the year by the following:		0	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done.	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		100	13.0
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1800		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		X
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy,		
00	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Jonathan D Grooms 540-765-4300			
	1331 Rainbow Forest Dr, Troutville, VA 24175			

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Part VII	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a re	ontractors				-		•			🔲
Section A.	Officers, Directors, Trustees, K	ey Employees	s, an	d H	ligt	nest	Cor	np	ensated Emp	lovees	
	this table for all persons required to be										!
of compensation List all the	of the organization's current officers, di ion. Enter -0- in columns (D), (E), and (of the organization's current key emplo organization's five current highest con	F) if no compens yees, if any. See npensated emplo	ation the i	was instr (oth	s pa ucti her	iid. ons than	for de	efini ffice	ition of "key emper, director, trust	- oloyee." ee, or key emplo	
\$100,000 fron	reportable compensation (box 5 of Form on the organization and any related orga of the organization's former officers, ke	nizations.									an
	eportable compensation from the organ										-
organization, See the instru	of the organization's former directors of more than \$10,000 of reportable compe actions for the order in which to list the p	ensation from the persons above.	orga	aniza	atior	n an	d any	rel	atou organizatio	ns.	
X Check thi	s box if neither the organization nor an	y related organiz	ation	con	npe	nsat	ed an	y đ	rrent officer, dir	ector, or trustee.	
(d) longth	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos neck ss pe d a d	more rson i irecte	the phest compensated		(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
1-6	an Grooms	30.00					Ì				
Chairman (2) Paul Tr	out	0.00	_	\vdash	Х	\vdash		_			
Vice Chairma		00	110		x						
(3) James		1,00	_		<u> </u>						
Treasurer		0.00	X		Х					,	
(4) Jane C	ampbell	1.00									
Secretary		0.00	_	_	X	\square	-	_			
(5) Scott C	unningham	1.00									

1.00 0.00

1.00

(6) Jessica Lankford Director

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	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than coordinates person is both officer and a director/trust						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2 1099-MISC/ 1099-NEC)	fron organiza	n the ation and ganizations
(15)									1	7		
(16)												
(17)												
(18)					_			Н				
(19)				-			4			<u> </u>		
(20)				\vdash					h			
X				4	_			F				15.00
			4									
		4			1				<u> </u>			
			X			_						
				Ĺ								
(25)												250
1b c	Subtotal						# .		0			0
d	Total (add lines 1b and 1c).	_			• 11-2			•	0			0
2	Total number of individuals (including but not line reportable compensation from the organization	mited to those lis	ted a	bov	e) v	vho	recei	ved	more than \$100			
-	reportable compensation from the organization			1139					- 19 P		Y	es No
3	Did the organization list any former office dire						_		•		New D	
4	employee on line 1a? If "Yes," con plete Sched For any individual listed on line 1a harmonic								nnonostion from	%	3	X
7	the organization and related regarizations great											
_	individual									# .	4	X
5	Did any person lister on line receive or accifor services rendered to the organization? If "You	rue compensatio es," complete So	n fror chedu	m ar <i>ile J</i>	ny u for	inrel Suc	lated :h pei	org rsor	anization or indiv	vidual · · · · · · ·	5	X
Sec	tion B. Independent Contractors	122										
1	Complete this table for your five highest compecompensation from the organization. Report co										tax vear	
1000	(A) Name and business add	200				-		Γ	(B) Description of ser		(C) Compensa	
		- 1000										0
N DV				102.00				L				0
				-	-50			\vdash		1000		0 0
		7.5										0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	tho	se l	iste	d abo	ove) O	who received			
-		William Co. Windle				_	The other		975	-	-	-

Statement of Revenue

		Check if Schedule O contains a respons	se or	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
60 40	1a	Federated campaigns	1a	o				sections 512-514
를 를	b	Membership dues	1b	0		WASHING .	THE REAL PROPERTY.	
ي ق	С	Fundraising events	1c	0				
fts,	d	Related organizations	1d	0				
Ω <u>Ē</u>	е	Government grants (contributions)	1e	0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					1	
		similar amounts not included above		1,571,866				
급형	g	Noncash contributions included in		1				
Son		lines 1a-1f	1g				0 1	
- "	h	Total. Add lines 1a-1f			1,571,866			
				Business Code	A TOTAL OF STREET STREET		PACE DISC. SERVICE	
Š	2a				9	·		
iue	b				<u>u</u>			
r S	d				0			190
Reg	u				0			
Program Service Revenue	f	All other program service revenue						
<u>-</u>	g	Total. Add lines 2a–2f						
	3	Investment income (including dividends, in						
		other similar amounts)			3	3		
	4	Income from investment of tax-exempt bon	d pro	ceeds	0			
	5	Royalties		/ .	0			100
		(i) Rea	ıl	(ii) Porsonal		AUGINE STATE	ROBERT STREET	M WEST WILL
8	6a	Gross rents 6a		- V				
	b	Less: rental expenses 6b						
	C	Rental income or (loss) 6c	0	0				
8	d 70	Net rental income or (loss)	tion.		0			
	7a	Gross amount from (i) Securion (ii) Securion (ii) Securion (iii) Securi	ues	(ii) O her				
		other than inventory 7a	0	o				
9	b	Less: cost or other basis	-	<u> </u>				
Revenue		and sales expenses 7b	0	ol				
e V	С	Gain or (loss) 7c	0	o				
	d	Net gain or (loss)			0			
Othe	8a	Gross income from fundraising						
0		events (not including \$ 0						
		of contributions reported on the 10.					100	
		See Part IV, line 18	8a	50,028				
	b	Less: direct expenses	8b_	0	E0 029			
	С 9а	Gross income from ganing activities.	ιs .		50,028			
	Ja	See Part IV. (ne 18	9a	اها				
	b	Less: direct expenses	9b	ŏ				
	C	Net income or (loss, from gaming activities			0		Control of the Contro	
	10a	Gross sales of inventory, less						A STATE OF THE STA
		returns and allowances	10a	o		Massille		
	b	Less: cost of goods sold	10b	0				
	С	Net income or (loss) from sales of inventor	y		0			
S				Business Code			AND SESSION OF THE S	
9 9	11a	·			0			
Miscellaneous Revenue	b	Miscellaneous		ļ	4,870		_	
Re	d c	All other revenue			0			
<u> </u>	e	Total. Add lines 11a–11d	•		<u>0</u> 4,870			190
	12	Total revenue. See instructions		<u> </u>	1 626 767		0	0

Part IX	Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	

	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic		11/12		
	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		100	
4	Benefits paid to or for members	0			SERVICE SERVIC
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	-			
		124,657	()	404.057	
7	persons described in section 4958(c)(3)(B)	124,657		124,657	
8	Pension plan accruals and contributions (include	0			
0	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	13,52		13,525	
11	Fees for services (nonemployees):	10,020		10,020	101-111
a	Management	0			
b	Legal	4 8			
C	Accounting	0		-	
d	Lobbying	0			(6) 2017
е	Professional fundraising services. See Part IV, line 17	0	TOTAL PROPERTY.		9-150
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A), amount, list line 11g expenses on Schedule O.)	0		o	
12	Advertising and promotion	0			-
13	Office expenses	0			
14	Information technology	0			
15	Royalties	. 0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses			334104 544	
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22 23	Depreciation, depletion, and amortization	0	0	0	0
23 24	Insurance	527		527	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 19% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Drogram synance	1,285,003	1,311,551	-26,548	
b	Fundraisers	63,382	1,011,001	-20,040	63,382
C		0			00,002
d		0			
e	All other expenses	0		-	7
25	Total functional expenses. Add lines 1 through 24e	1,487,094	1,311,551	112,161	63,382
26	Joint costs. Complete this line only if the		.,,,	,,,,,,	100,002
	organization reported in column (B) joint costs				
	from a combined educational campaign and	ļ			
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Global Partners in Peace and Development 75-3098074 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 640,580 780,731 1 2 11,645 2 11,648 3 3 0 4 ol 4 0 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% PO 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 8 9 Prepaid expenses and deferred charges . . . 0 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 0 0 10c 0 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities. See Part IV. line 11. ol 12 0 13 Investments—program-related. See Part IV, line 11. ol 13 0 14 14 0 15 Other assets. See Part IV, line 11 ol 15 0 16 Total assets. Add lines 1 through 15 (must equal line 33) 652,225 16 792,379 17 Accounts payable and accrued expenses 3,507 17 3,988 18 0 18 19 0 19 20 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 22 Liabilities Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantia contributor, or 35% controlled entity or family member of any of these persons OI. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 Total liabilities. Add lines 17 this igh 25 3,507 26 3,988 Organizations that follow FASB AS \$58, check here

Capital stock or trust principal, or current funds	0	29	
Paid-in or capital surplus, or land, building, or equipment fund	0	30	
Retained earnings, endowment, accumulated income, or other funds	648,718	31	788,391
Total net assets or fund balances	648,718	32	788,391
Total liabilities and net assets/fund balances	652,225	33	792,379

Net Assets or Fund Balances

27

29

30

31

32

and complete lines 27, 28, 32, and 33.

Net assets without donor matriculars.

Net assets with donor restrictions.

and complete times 29 through 33.

Organizations that the not follow FASB ASC 958, check here | X |

Form 990 (2021)

0 27

0 28

Form 9	90 (2021) Global Partners in Peace and Development	75-30	98074	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. 1	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,626	 3.767
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,487	
3	Revenue less expenses. Subtract line 2 from line 1	3			,673
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			3,718
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)				
	column (B))	30	_	788	3,391
Part		~			
	Check if Schedule O contains a response or note to any line in this Part XII.			.	<u></u>
				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 on				
_	Schedule O.		2860	N. L.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ	-
	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		X
	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 Eath consolidated and separate basis			S	
C	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.		750		(F-10)
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
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 Q and describe any steps taken to undergo such audits.		_		
	required addit of addits, explain why on scripating and describe any steps taken to undergo such addits		3b	000	<u>X</u>
			Form	990	2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internat Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Name of the organization					Employer identification	number				
Global Partners in Peace and Develop										
Part I Reason for Public Cha										
The organization is not a private found 1										
2 A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)							
3 A hospital or a cooperative he	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
	A medical research organization operated in conjunction with a hospital described in section 179(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5 An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collegomplete Part II.)	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in				
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 An organization that normally described in section 170(b)(receives a substantia 1)(A)(vi). (Complete F	al part of its support fro Part II.)	m a gove	rnmental u	unt or from the gene	ral public				
8 A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)							
9 An agricultural research orga or university or a non-land-gr university:	nization described in ant college of agricult	section 170(b)(1)(A)(ix ure (see instructions).) operated Enter the	in conjur	nction with a land-gra , and state of the co	ant college llege or				
10 X An organization that normally receipts from activities relate support from gross investment										
11 An organization organized ar	nd operated exclusive	ly to test for public safe	ty. See se	ection 509	9(a)(4).					
An organization organized ar of one or more publicly support Check the box on lines 12a to	orted organizations de	escribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).				
a Type I. A supporting organization Type I. A supported organization organization. You must co	nization operated, sup	pervised, or controlled by	y its supp	orted orga	anization(s), typically	by giving				
b Type II. A supporting orga control or management of organization(s). You mus	the supporting organ	ization vested in the sa								
c Type III functionally integrates its supported organization	grated. A supporting of	organization operated i	n connect	ion with, a	and functionally integ	rated with,				
d Type III non-functionally						anization(s)				
that is not functionally inte	grated. The organizat	tion generally must sati	sfy a distr	ibution red	quirement and an att	entiveness				
requirement (see instruction										
e Check this box if the orgal functionally integrated, or	nization received a wr	itten determination from	n the IRS	that it is a	Type I, Type II, Typ	e III				
f Enter the number of supporte										
g Provide the following information			. 9							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
~/			Voc	No						
(A)			Yes	No						
(B)										
(C)	1	BN0								
(D)										
(E)										
Total	AND DESCRIPTION OF THE PARTY OF	THE RESERVE OF THE PARTY OF THE	COURSE STOR	Contract of	1					

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

Part II

	(Complete only if you checked Part III. If the organization factors						nder
Sec	tion A. Public Support			., .			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the				1687		
	organization's benefit and either paid	6	i				
	to or expended on its behalf	3					0
3	The value of services or facilities	6					
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	4 8	0	0
5	The portion of total contributions by				10		
	each person (other than a		Vite Control				
	governmental unit or publicly						
	supported organization) included on					ALCOHOLD VA	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
	tion B. Total Support	() 0047	41.0040	h (100)	1 11 2222		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(b) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	0	D	0	0	0	0
8	Gross income from interest, dividends,	8	1				
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	5					0
9	Net income from unrelated business						
	activities, whether or not the business is				i	i	
40	regularly carried on				-		0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	4				(
11	Total support. Add lines 7 through 10				THE RESERVE THE SAME	Sweet Sales Inches	0
12	Gross receipts from related activities, etc. (s	ee instructions)				12	0
13	First 5 years. If the Form 990 is for the orga		ond third fourth	or fifth tay year as		12	
	organization, check this box and stop here						
Sac	tion C. Computation of Public Su	7					
14	Public support percentage for 2021 (line t			(f))		14	0.00%
	Public support percentage from 2020 Carbon					15	0.00%
	33 1/3% support test—2021. If the organi						0.0070
	and stop here. The organization business						
h	33 1/3% support test—#320. If the equaliz		=				
_	box and stop here. The organization qualifie						
172	10%-facts-and-circumstances est—2021						
	10% or more, and if the organization meets	the facts-and-circui	mstances test che	eck this box and st	op here. Explain in	+	
	Part VI how the organization meets the facts						
	organization						
b	10%-facts-and-circumstances test—2020						_
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fa		_	•			
	organization						
18	Private foundation. If the organization did						_
	instructions						▶

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, p	proto i dittiny		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees		•			<u>,</u> ,	
	received. (Do not include any "unusual grants.")	1,115,413	1,279,221	1,425,094	1,426,787	1,571,866	6,818,381
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to			X 55			
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			1			0
6	Total. Add lines 1 through 5	1,115,413	1,279,221	1,425,094	,426,787	1,571,866	6,818,381
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		2	• •			
	or 1% of the amount on line 13 for the year	4.					0
-	Add lines 7a and 7b	0	- 0	0	0	0	0
8	Public support (Subtract line 7c from		10				
800	line 6.)						6,818,381
	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(4) 2020	(a) 2024	(6) Takal
9	Amounts from line 6	1,115,413	7,279,221	1,425,094	(d) 2020 1,426,787	(e) 2021 1,571,866	(f) Total
	Gross income from interest, dividends,	1,110,410	1,213,221	1,420,094	1,420,767	1,371,000	6,818,381
104	payments received on securities loans, rents,	_				6	
	royalties, and income from similar sources	1.346	2,000	897	6,046	3	10,342
b	Unrelated business taxable income (less		2,000	551	0,040		10,042
-	section 511 taxes) from businesses				10		
	acquired after June 30, 1975		Y		2		0
С	Add lines 10a and 10b	6	2,000	897	6,046	3	10,342
11	Net income from unrelated business						1 1000
	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets					8	
	(Explain in Part VI.)						0
13	Total support. (Add lines 1, 10c,						
	and 12.)	1,116,809	1,281,221	1,425,991	1,432,833	1,571,869	6,828,723
14	2.01000						_
_	organization, check this box and stop here					🗷	× 6× •
Sec	tion C. Computation of Public Su					-	
15	Public support percentage for 2021 (line 8, c					15	99.85%
	Public support percentage from 2020 Sched					16	99.83%
	tion D. Computation of Investmer						
17	Investment income percentage for 2021 (line					17	0.15%
18	Investment income percentage from 2020 S					18	0.17%
ıya	33 1/3% support tests—2021. If the organi not more than 33 1/3%, check this box and s						x x ▶ X
h	33 1/3% support tests—2020. If the organi						x x > [X
2	line 18 is not more than 33 1/3%, check this					•	▶ □
20	Private foundation. If the organization did	-	_	•	• • • •		· · · · · . [

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 A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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," answellines 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 has 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(3)). 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 \$09(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on 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 on 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**.
- 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
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	٥.	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the	
	9c		
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	10b		
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Schedu	le A (Form 990) 2021 Global Partners in Peace and Development 75-36	000074		
Part		098074	F	age 5
	- Cuppersing Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		13033	1,000
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			333
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1453	1999	BUR
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
2	Did the organization operate for the benefit of any supported organization other than the supported	700		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		188	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	100000		
Secti	on C. Type II Supporting Organizations	2	L	<u> </u>
0000	on o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	5009	I Co	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		236	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		507	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	N. A.		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x Sign		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		2.00	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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 supported organizations played in this regard.		600000	CASU
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1			\	
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	mstruction	i S).	
_				
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.	lity (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			
	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,			136
	how the organization was responsive to those supported organizations, and how the organization determined	13		0
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	23.3		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		Nat.	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		SIRV	
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a	SERVICE SERVICE	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h	9 11 11	STEEL

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See				
instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Sections	A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year		
	_	(V) The Teal	(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)		
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		2000		
c Fair market value of other non-exempt-use assets	1c		*=:		
d Total (add lines 1a, 1b, and 1c)	10	0	0		
e Discount claimed for blockage or other factors	0				
(explain in detail in Part VI):	-				
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3	0	0		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for exeater amount,	T				
see instructions).	4	ol	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		0 000		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		***		
emergency temporary reduction (see instructions).	6		0		
7 Check here if the current year is the organization's first as a non-functionally		egrated Type III supporting			
instructions).		O			

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which to	he organization is respo	nsive	(2)
	(provide details in Part VI). See instructions.		-	
9	Distributable amount for 2021 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
s	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pro-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
<u>b</u>	From 2017			
<u>C</u>	From 2018			
d	From 2019			
	From 2020			
f	Total of lines 3a through 3e	. 0	PHONE OF PARTY	
<u>g</u>	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2021 distributable amount			0
	Carryover from 2016 not applied (see instructions)			建筑的建筑设施的设施
	Remainder. Subtract lines 3g, 3h, and 3i from line 3	0		
4	Distributions for 2021 from Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
b	Applied to 2021 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from the 4	0		ESTER ENGINEERS
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result speater than zero, explain			
	in Part VI. See instructions			0
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7		ministration of the second	AND THE RESERVED
a	Excess from 2017		A CONTRACTOR OF THE PARTY OF TH	
b			PERSONAL EXPENSE VIOLENCE CONTROL OF THE PERSON OF THE PER	
	Excess from 2019			
<u>d</u>				
е	Excess from 2021 0			Committee of the Commit

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2024

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

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

Name of the organization
Global Partners in Peace and Development

Global Partners in Peace and Development

75-3098074

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 not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is cov	ered by the General Rule or a Special Rule.				
Note: Only a section 501(c)(7), (instructions.	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a putions.				
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
contributor, during the ve contributions totaled mo during the year for an ex General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such re than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions during the year				
Continue Americantinus that is	alk and and the Market Both and Market Both and the Both				

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

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization					Employer identification number		
Global Partners in Peace and Development					75-3098074		
Par		•	_		ered "Yes" on For	m 990, Part IV, lir	ne 17.
	Form 990-EZ filers are not						
1	Indicate whether the organization ra	aised funds throu			•		
а	Mail solicitations		_		of non-government of		
þ	Internet and email solicitations		=		of government grant	S	
С	Phone solicitations		g 📙 S	Special fund	lraising events		
d	In-person solicitations						
2a	Did the organization have a written or key employees listed in Form 99						Yes No
b	If "Yes," list the 10 highest paid indi-	viduals or entitie	s (fundrais	sers) pursua	ant to agreements u	nd which the fund	raiser is to
	be compensated at least \$5,000 by	the organization	1.				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No		0	0
2					0	0	0
3					0	0	0
4					0	0	0
5			C		0	0	0
6					0	0	0
7	Sile and				0	0	0
8		.0			0	0	0
9	•				0	0	0
10	C				0	0	0
Total	0	7			0	0	0
3	List all states in which the standar registration or licensing.	tion is registered	or license	ed to solicit		been notified it is e	

Global Partners in Peace and Development Schedule G (Form 990) 2021 75-3098074 Page **2** Part II 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)) oceeds for Poverty 20 oceeds for Poverty 20 2 (event type) (event type) (total number) Revenue Gross receipts 100 30,110 19,818 50,028 Less: Contributions . . . 0 Gross income (line 1 minus 100 30,110 line 2). 50,028 Cash prizes 0 Noncash prizes 0 Direct Expenses Rent/facility costs 0 Food and beverages . . . 0 0 Entertainment. 0 0 Other direct expenses . . 0 0 Direct expense summary. Add lines 4 through 9 in column (d). 0) Net income summary. Subtract line 10 from line 3, column (d) 50,028 Yes on Form 990, Part IV, line 19, or reported more than Part III Gaming. Complete if the organization answered \$15,000 on Form 990-EZ, line 6a. Revenue 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. 0 Other direct expenses 0 Yes Yes % Volunteer labor. 6 No No Direct expense summan Add lines 2 through 5 in column (d) . . . 0)

	8 Net gaming in come summary. Subtract line 7 from line 1, column (d)		0
9			
	a Is the organization licensed to conduct gaming activities in each of these states?	Yes	No
	b ir No, explain.		
10:	 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain: 	Yes	No

Schedu	elle G (Form 990) 2021 Global Partners in Peace and Development	75-3098	074 Page 3
11	Does the organization conduct gaming activities with nonmembers?	🔲 Y	es 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?	— □ v	es No
13	Indicate the percentage of gaming activity conducted in:	Ш .	
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:	ınd	
	Name ▶		
	Address -	4	
15a	Does the organization have a contract with a third party from whom the organization receives caming	, _	
	revenue?		'es 🔲 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	1	
	amount of gaming revenue retained by the third party > \$0		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to have charitable distributions from the gaming proceeds to		
	retain the state gaming license?		'es 🔲 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of	r	
Part	spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, column	ne (iii) and (0 v): and
ı aıı	Part III, lines 9, 9b, 101, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		
	See instructions.	21 1111011110111	211.
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	-		

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

75-3098074

Department of the Treasury Internal Revenue Service Name of the organization

Global Partners in Peace and Development

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

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) 2021	
Name of the organization	Employer identification number
Global Partners in Peace and Development	75-3098074

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