Federal Tax Return

Global Partners in Peace and Development

2019

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

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

<u>A</u>	For the	2019 ca	<u>lendar year, or tax year be</u>	ginning			, ar	ıd endin	9				
В	Check if a	applicable:	C Name of organization (Blobal Partne	rs in Peace	and Develop	nent		D Emp	oyer ide	ntification	number	
\square	Address	change	Doing business as			•							
二			Number and street (or P.O. b	ox if mail is not	delivered to	street address)	Room/sui	te	75-3098	074			
יש	Name cha	ange	P.O. Box 117						E Telep		mber		
П	Initial retu	ım	City or town			State	ZIP code		-				
			Blue Ridge			VA	24064		540-765	-4300			
Шf	inal return	/terminated	Foreign country name	Foreign	province/stat			ostal code	_				
\Box	Amended	return	,			,			G Gross	receints	s \$	1.	479,170
\equiv										7,000,710			
\square'	Application	n pending	F Name and address of princip						Is this a group re	eturn for su	bordinates?	Yes	X No
			Jonathan D. Grooms 133	31 Rainbow	Forest Dri	ve, Troutville	VA 2417	75 Н(в	Are all subord	linates in	cluded?	Yes	No No
	Tav-ever	npt status:	X 501(c)(3) 501(c)		(insert no.)			527	If "No," attacl			ons)	
		<u> </u>		() -	(illisert illo.)	4547(a)(701 :	21	,,	(-		,	
<u>J</u>	Website	: • ww	w.Gpartners.org					H(c	Group exemp	tion num	ber 🕨		
ĸ	Form of	organization	: X Corporation Trus	t Associa	ation C	Other 🕨	l l	Year of f	ormation: 20	003	M State of	legal domicile	e: VA
D	art I	Su	mmary							00		-	- VA
	_					E					<u> </u>		
•	1		lescribe the organization's						oration exi		Charitabl	e	
2			ment and educational pur						viduals and				
Ē		nations	through building relations	nips. We ful	fill these p	urposes with	cross cult	ural					
Activities & Governance	2	Check ti	his box ▶ 🔲 if the orga	nization dis	continued	its operation	or dieno	ead of m	ore than 2	50% of it	te not acc	ote	
Ó	3		of voting members of the									ocis.	^
<u>مح</u>										_	_		8
S	4		of independent voting me							4			8
ş	5	Total nu	mber of individuals emplo	yed in caler	ndar year 2	2019 (Part V,	line 2a).			5	5		6
슞	6	Total nu	mber of volunteers (estim	ate if neces	sary)					6	3		
ĕ	7a	Total un	related business revenue	from Part V	III, column	(C), line 12				7	a		0
	Ь		elated business taxable in							7			0
	1 ~				0,,,,,,,,,,,	.,	• • • •	' ' ' '	Prior Yea		~	Current Ye	
Revenue	8	Contribu	tions and grants (Part VIII	L line 1h)				<u> </u>			34		
										,279,22		1,	400,400
ē	9	3									0		0
ě	10					2,00	00		26,401				
	11		evenue (Part VIII, column e								0		52,369
	12	Total rev	renue—add lines 8 through	11 (must equ	ial Part VIII	, column (A), I	ine 12)		1	,281,22	21	1.4	479,170
	13	Grants a	and similar amounts paid	Part IX. col	umn (A). li	nes 1-3)	·				0		0
	14		paid to or for members (I								ol		
10	15		other compensation, emplo							99.60		116.20	
Expenses										88,68			116,204
Ë	16a		ional fundraising fees (Pa						area en la sueva de la como		0		0
×	b		ndraising expenses (Part		•			0		SAME.			
Ш	17		kpenses (Part IX, column						1	,189,9	15	1,	370,160
	18	Total ex	penses. Add lines 13-17	(must equal	Part IX, co	olumn (A), lir	e 25)	0.00	1	,278,60	02	1,	486,364
	19		e less expenses. Subtract					. [2,6			-7,194
2 8									inning of Cu		_	End of Yea	
Net Assets Fund Balanc	20	Total as	sets (Part X, line 16)						,g	561,00	_		553,099
Ass	21		bilities (Part X, line 26).								\rightarrow		
in de	22							•		3,80	_		3,099
			ets or fund balances. Sub	tract line 21	from line a	20		<u>· </u>		557,19	94		<u>550,000</u>
	irt II		nature Block										
Und	er penalti	es of perjur	y, I declare that I have examined	this return, incl	uding accomp	anying schedule	s and statem	ents, and	to the best of r	ny knowl	edge		
and	belief, it i	s true, corre	ect, and complete. Declaration of	preparer (other	than officer) i	is based on all in	formation of	which prep	arer has any l	nowledg	e		
Sig	ın												
			Signature of officer		-				D	ate			
He	re												
			Type or print name and title										
		Prin	t/Type preparer's name		Preparer's s	ionature		· I	Date	Т		PTIN	
Da	id	' ' '''	a . yea brakara a manna		. reparer a a	g. iatai o			Date	Chec	k 🔲 if] - ' "	
Pa		. ITim	othy B Boitnott		Timothy E	3 Boitnott		l	7/7/2020		mployed	P004363	08
	eparei			ahen II C					1	•			
US	e Only	, —					-		rım's Ell	Firm's EIN ► 71-0903145			
		Firm	n's address ▶ P. O. Box 250), Cloverdal	e, VA 2407	77-0250			Phone no	. 54	0-96601	14	
Ma	y the IF	RS discus	s this return with the prep	arer shown	above? (s	ee instruction	ns)					X Yes	No
	22				•								

Form 9	90 (2019)	Global Partners in Peace and Development	75-3098074	Page 2
_ Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		
1	Briefly d	escribe the organization's mission:		
	The pur	pose of the Organization is to promote peace among individuals and nations through		
	building	relationships. Peace is promoted by cross cultural dialogue, refugee support,		
	humanit	aritan aid, education and training.		
2	Did the	organization undertake any significant program services during the year which were not listed	d on	
		Form 990 or 990-EZ?		X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services	?	Yes	X No
		describe these changes on Schedule O.		
4	Describe	the organization's program service accomplishments for each of its three largest program s	ervices, as measured by	
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants	and allocations to others,	
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,369,319 including grants of \$) (I	Pevenue \$	
	Charitat	le development and education. Promote Peace among individuals and nations through	revenue φ	
	building	rolationabing with gross sultural advantion. Can attached statement on Oaks dut. O		
4b	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$	-
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		••••••		
			•••••	
			•••••	
			•••••	
4d	Other pr	ogram services (Describe on Schedule O.)		
	(Expens		0)	
40	Total pro	ngram service evnenses 🕨 1 360 310		

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

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		Ιx
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	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		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	254	-	
_	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	256		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		Х
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			
27		26		X
21	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			
20	persons? If "Yes," complete Schedule L, Part III.	27	La Control State	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		\$14/E	
а				
b	If"Yes," complete Schedule L, Part IV	28a	-	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b	-	Х
·	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 more than \$25,000 in non-cash contributions? In Yes, complete scriedule in	29	-	X
50	conservation contributions? If "Yes," complete Schedule M	ا مر ا		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	30 31		X
32	Did the organization regulate, terminate, or dissolve and cease operations? If Yes, complete schedule N, Part I	31	-	-^-
~_	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,	-33	-	 ^
•	III, or IV, and Part V, line 1	34		х
35a		35a		<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	33a		
-	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	1000		
	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	<u> </u>		
_	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		. 1	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	win to		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	36000 CH1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	16	PRODUCTION OF	X

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	TOIS
	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	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			No. of the
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		all av	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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	oxdot	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	\square	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).			10.000.00
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	SWE!		
	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	\vdash	Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	None Cont	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7-		~
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	18300	1000	19300001
•	sponsoring organization have excess business holdings at any time during the year?	8	63600	х
9	Sponsoring organizations maintaining donor advised funds.	3011	Ver mi	10000
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Charles	х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	184000	AREA IN	Grand St
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
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		170454	
C	Enter the amount of reserves on hand		CALE	1900
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\vdash \vdash \vdash$	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	$\vdash \vdash \vdash$	X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		SME	
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	THE REAL	100 E	DE LO

Part VI

<u>Sect</u>	ion A. Governing Body and Management				
				Yes	No
1a	great years, and the same great and great years and the same and the same same same same same same same sam	1a 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.			25000 25000	
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 relations				
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	erson?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		Х
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				
	one or more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake			10000	topici
	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r				
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	Cacinea	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the		_	<u> </u>	
			000.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	90000	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,g	1111		C Es
12a			12a	SHOOM	Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			-	
	describe in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro			(2.9)	100000
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official.		15a		Х
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		O'KANA	12112	JOSEPH MAN
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ement			
	with a taxable entity during the year?		16a	KHENGI	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		100		ARREST A
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	nuard			
	the organization's exempt status with respect to such arrangements?	guara	16b	EMERGI	X
Sect	ion C. Disclosure		100		
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 !	01(c)	-
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		(•,	,	
		plain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,		icv.		
	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 t	ooks and records	•		
	Jonathan D Grooms		-		
	1331 Rainbow Forest Dr. Troutville, VA 24175				

Form 990 (2019)	Global Partners in Peace and Development	75-3098074	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated							
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								

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

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

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

Oncok this box is retailed the organization flor and	, rolatou organiz		-	<u> </u>	C)	ica ai	., 0	arrent omoci, an	Color, or trustee	
(A) Name and title	(B) Average hours per week	box,	unles er an	neck ss pe	rson	than o	an ee)	(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)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Jonathan Grooms	30.00			l						
Chairman	0.00	Х		X	L					
(2) Paul Troutt	1.00			l				-		
Vice Chairman	0.00	Х		X	L					
(3) James Kistner	1.00									-
Treasurer	0.00	Х		Х						1
(4) Jane Campbell	1.00									
Secretary	0.00	Х		Х						
(5) Jeff Lundeen	1.00									•
Director	0.00	Х	l							:
(6) Scott Cunningham	1.00									
Director	0.00	Х								
(7) Jessica Lankford	1.00							-		
Director	0.00	Х								
(8)								_		
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

P	art VII Section A. Officers, Directors, Tru	istees, Key Em	Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe d a d	rson irecto	than of is both or/trust	an ee)	(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	ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations			
(15)														
(16)														
(17)			<u> </u>											
(18)								_						
(19)														
(20)														
(21)											·			
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal	ection A						A A A	0	0	0			
2	Total number of individuals (including but not lin	mited to those lis	ted a	abov	e) v	vho	recei							
3	Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Scheduler	ector, trustee, ke			ee,	or h	nighe:	st co	ompensated		Yes No			
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.									h 	4 X			
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo										5 X			
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest compecompensation from the organization. Report co										tax year.			
	(A) Name and business add								(B) Description of ser		(C) Compensation			
											0			
							_	\vdash	·		0			
								\vdash			0			
								\vdash			0			
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-		tho	se l	iste	d abo	ve)	who received					

	Form 990 (2019) Global Partners in Peace and Development Part VIII Statement of Revenue						75-3098074 Page \$						
		Check if Schedule O co		a respons	e or	note to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
92 40	1a	Federated campaigns			1a	0		The state of the state of					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		[1b	0							
שַׁ בַּ	c	Fundraising events			1c	0							
fs, A	d	Related organizations			1d	0							
<u>a</u>	e	Government grants (contrib	outions)	۱ [1e	0							
Sir	f	All other contributions, gifts											
utio		similar amounts not include			1f	1,400,400							
5 £	g	Noncash contributions inclu	uded in	1									
e e		lines 1a-1f			1g	\$ 0							
-	h	Total. Add lines 1a-1f					1,400,400						
	-	2	13.7			Business Code							
Program Service Revenue	2a						0			2			
	b				- 1	5.450 - 3.000	0						
gram Sen Revenue	C						0			*			
e a m	d				_		0	1					
Pα	e						0						
	f	All other program service re	evenue		-		0						
	g	Total. Add lines 2a-2f.					0						
	3 4 5	Investment income (includi other similar amounts) . Income from investment of Royalties	tax-exe	 empt bone	 d pro	▶ ceeds ▶	897 0 0						
				(i) Real		(ii) Personal							
	6a	Gross rents	6a										
	b	Less: rental expenses .	6b										
	c	Rental income or (loss)	6c		0	0							
	d	Net rental income or (loss)				▶	0						
	7a	Gross amount from	1 1	(i) Securit	ies	(ii) Other							
		sales of assets	1 1										
•	l .	other than inventory	7a		0	25,504							
evenue	b	Less: cost or other basis	1 1										
Š		and sales expenses	7b	3411	0	0							
8	C	Gain or (loss)	7c		0					EVE TO THE			
ĕ	d	Net gain or (loss)			-		25,504			UEACHIC CONTRA			
Other R	8a	Gross income from fundral	_	ا ہ									
		events (not including \$ of contributions reported or	lino 1	-·ō-									
		See Part IV, line 18			8a	51,854							
	ь	Less: direct expenses			8b	51,034							
	C	Net income or (loss) from f			_		51,854						
	9a	Gross income from gaming		- ,	<u> </u>		31,004		ONE NEW YORK				
	04	See Part IV, line 19			9a	o							
	ь	Less: direct expenses			9b	0							
	c	Net income or (loss) from g					0						
		Gross sales of inventory, le		activities			Mark Mark	SESSION CONTRACTOR		SECRETARIO SE ASSURE			
		returns and allowances		ì	10a	o							
	Ь	Less: cost of goods sold .			10b	0							
	°	Net income or (loss) from s				-	0						
<u>"</u>		THO I TO THOUSE	ales UI	miventory		Business Code			College Legent				
cellaneous Revenue	11a	Marketing					515	515					
n i	Ь	····				- W-8	0		-				
e la	_ c						0						
೮ %	Ι.	***************************************					1000000						

515

1,412

1,479,170

Total. Add lines 11a-11d.

Total revenue. See instructions.

12

Form 990 (2019) Global Partners in Peace and Development 75-3098074 Page 10 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). (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Total expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 0 2 Grants and other assistance to domestic individuals. See Part IV, line 22 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 0 0 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 105,299 105,299 7 0 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . 0 9 Other employee benefits 0 10 10,905 10.905 11 Fees for services (nonemployees): 0 0 d 0 Professional fundraising services. See Part IV, line 17. 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 0 12 0 13 0 14 0 15 0 Royalties 16 0 17 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings.... 0 20 0 21 0 22 Depreciation, depletion, and amortization 0 23 841 841 24 Other expenses. Itemize expenses not covered 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.) Program expenses 1,369,319 1,369,319 0 C 0 d 0 0 25 Total functional expenses. Add lines 1 through 24e. 1,486,364 1,369,319 117.045 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if

following SOP 98-2 (ASC 958-720)

Total net assets or fund balances . .

Total liabilities and net assets/fund balances

Р	art X	Balance Sheet		_	
	0009	Check if Schedule O contains a response or note to any line in this Part X .	<u></u>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	250,520	1	252,983
	2	Savings and temporary cash investments	310,483	2	300,116
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		2000	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined		DATE OF	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
188	8	Inventories for sale or use	0	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 0			
	b	Less: accumulated depreciation	. 0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	561,003	16	553,099
	17	Accounts payable and accrued expenses	3,809	17	3,099
	18	Grants payable	0	18	- 100 - 100
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	0	22	363
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third		02	
		parties, and other liabilities not included on lines 17–24). Complete		0.2	
	l	Part X of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	3,809	26	3,099
98		Organizations that follow FASB ASC 958, check here ▶		decide in	
2		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	0	27	
9	28	Net assets with donor restrictions	0	28	
ssets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X			
Ē		and complete lines 29 through 33.			
Ø	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
ű	31	Retained earnings, endowment, accumulated income, or other funds	557 194	31	550 000

550,000

553,099

557,194

561,003

32

33

Form 9	90 (2019) Global Partners in Peace and Development	7!	5-3098074	Pag	_{je} 12
Part	XI 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	1	,479	9,170
2	Total expenses (must equal Part IX, column (A), line 25)	2		,486	3,364
3	Revenue less expenses. Subtract line 2 from line 1	3		-7	7,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		557	7,194
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))	10		550	0,000
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII			. [
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	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				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		topication.
	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		Control of the		Contraction
	the Single Audit Act and OMB Circular A-133?		. 3a		Ιx
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		Ιx

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

Globa	al Partners in Peace and Developm	ent				75-30	98074
Part							
The q	organization is not a private foundat	ion because it is: (F	or lines 1 through 12, o	check only	one box.)	
1	A church, convention of church	ies, or association o	f churches described in	n section	170(b)(1)((A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(iii	i).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5	An organization operated for the section 170(b)(1)(A)(iv). (Com	ne benefit of a colleg	e or university owned	or operate	d by a go	vernmental unit desc	cribed in
6	A federal, state, or local govern	nment or governmer	ntal unit described in se	ection 170	(b)(1)(A)(v).	
7	An organization that normally r described in section 170(b)(1)			m a gove	rnmental u	ınit 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 organi or university or a non-land-grai university:						
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
11	An organization organized and	operated exclusive	ly to test for public safe	ety. See se	ection 509	e(a)(4).	
12	An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations de	scribed in section 509	(a)(1) or	section 50)9(a)(2). See sectio	n 509(a)(3).
а	Type I. A supporting organization(organization. You must con	s) the power to regu	larly appoint or elect a				
b	Type II. A supporting organic control or management of the organization(s). You must o	ne supporting organi	ization vested in the sa	on with its me perso	supporte	d organization(s), by ntrol or manage the	having supported
С	Type III functionally integr	ated. A supporting	organization operated i	n connect	ion with, a	and functionally integ	rated with,
	its supported organization(s						
d	Type III non-functionally in that is not functionally integree requirement (see instruction	rated. The organizat	tion generally must sat	isfy a disti	ibution red	quirement and an at	
е	Check this box if the organization	•	•				e III
	functionally integrated, or T	ype III non-functiona				, , , , , , , , , , , , , , , , , , ,	
f	Enter the number of supported	•					0
g	Provide the following information			I that le the		(full Amount of
	(i) Hame of supported organization	(ii) EiiV	(described on lines 1–10 above (see instructions))	(iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see document? instructions) (vi) Amount of other support (see instructions)			other support (see
				Yes	No		
(A)						-	
(B)							
(C)	*****						
(D)							
(E)							
Tota	<u> </u>					0	0

Pa	(Complete only if you checke Part III. If the organization fa	ed the box on li	ne 5, 7, or 8 of	Part I or if the o	organization fai	led to qualify un-	der
Sec	ction A. Public Support						·
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						C
3	to or expended on its behalf						0
4 5	Total. Add lines 1 through 3	0	0	0	0	0	C
6	Public support. Subtract line 5 from line 4						0
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	0	0	. 0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					and the year page.	C
12 13	Gross receipts from related activities, etc. (so First five years. If the Form 990 is for the organization, check this box and stop here.	rganization's first, s	econd, third, fourtl	n, or fifth tax year a	s a section 501(c)(12 3)	. •
Sec	ction C. Computation of Public Su	pport Percenta	ane		 	<u> </u>	
14 15	Public support percentage for 2019 (line 6, c Public support percentage from 2018 Sched 33 1/3% support test—2019. If the organiz	olumn (f) divided bulle A, Part II, line 1	y line 11, column (14 15 ck this box	0.00%
b	and stop here. The organization qualifies as 33 1/3% support test—2018 . If the organiz box and stop here. The organization qualifies	ation did not check	a box on line 13 o	г 16a, and line 15 is	s 33 1/3% or more	, check this	 ▶□
17a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets the Part VI how the organization meets the "facts organization	the "facts-and-circu s-and-circumstance	ımstances" test, ch es" test. The organ	eck this box and st ization qualifies as	t op here. Explain i a publicly supporte	n ed	▶ [
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and ts the "facts-and-ci	-circumstances" te cumstances" test.	st, check this box a The organization q	and stop here. ualifies as a public	ly	▶ [
18	Private foundation. If the organization did instructions					<u></u>	▶ [

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	p. 0.0 1 0.1 1.1.		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees			1 1	•		
	received. (Do not include any "unusual grants.")	1,008,931	1,111,530	1,115,413	1,279,221	1,425,094	5,940,189
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						
	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	1,008,931	1,111,530	1,115,413	1,279,221	1,425,094	5,940,189
7a	Amounts included on lines 1, 2, and 3					, , , ,	.,,
	received from disqualified persons		i				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.)						5,940,189
Sec	tion B. Total Support						0,0.0,1.00
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1,008,931	1,111,530	1,115,413	1,279,221	1,425,094	5,940,189
10a	Gross income from interest, dividends,						-11-
	payments received on securities loans, rents,						
	royalties, and income from similar sources	625	770	1,396	2,000	897	5,688
b	Unrelated business taxable income (less				,		3,144
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	625	770	1,396	2,000	897	5,688
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .	1					0
12	Other income. Do not include gain or						-
	loss from the sale of capital assets	1					
	(Explain in Part VI.)				:		0
13	Total support. (Add lines 9, 10c, 11,			ľ			
	and 12.)	1,009,556	1,112,300	1,116,809	1,281,221	1,425,991	5,945,877
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here .		<u></u> .				▶
Sec	ction C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2019 (line 8, c	olumn (f), divided b	y line 13, column (f))		15	99.90%
16	Public support percentage from 2018 Schede	ule A, Part III, line 1	5	<u> </u>		16	99.90%
Sec	tion D. Computation of Investmen	t Income Perc	entage		_		
17	Investment income percentage for 2019 (line	10c, column (f), di	vided by line 13, c	olumn (f))		17	0.10%
18	Investment income percentage from 2018 Sc	chedule A, Part III, I	ine 17			18	0.10%
19a	33 1/3% support tests—2019. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s		•		-		▶ 🛛
b	33 1/3% support tests—2018. If the organi						
	line 18 is not more than 33 1/3%, check this	box and stop here	-		• • • •		
	Private foundation. If the organization did r						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
8		
9a 9b	Z SALII Gayati	
9c		
10a		
10b		1000

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		19-19-1	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	<u> </u>	
C Sooti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Jecu	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	10,577.5	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	20-200	2819153
2	Did the organization operate for the benefit of any supported organization other than the supported	el tylin		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	Sugarana	ACCESSION OF THE PARTY OF THE P
Secti	on C. Type II Supporting Organizations			3-77
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		HV SE	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		USI H	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		CHINA DA
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	raking.	013740
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		MORES
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	e)	
а	The organization satisfied the Activities Test. Complete line 2 below.		•/.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c			<i></i> ,	
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	istruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	FA III		
	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		04/5	
b	that these activities constituted substantially all of its activities.	2a	NOT THE	Description
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	26		SOUTH A
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	PRIMER	and of the
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			TO THE
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	Name	633017113
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	FEDR	610.00P	E-WEI
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	MUNICIPAL PROPERTY.	THE REAL PROPERTY.

)rgar	izations	
		in Part VI). See
	(A) Prior Year	(B) Current Year (optional)
1		
2	-	
3		
4	0	0
5		-
6		
7		
8	0	0
	(A) Prior Year	(B) Current Year (optional)
1335		OF THE PERSON OF
1a		
1b		· · · · · · · · · · · · · · · · · · ·
1c		
1d	0	0
		NEW COLUMN
2		
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
		Current Year
1		0
2		0
3		0
4		0
5		-
6		0
lly inte	egrated Type III supporting of	organization (see
	g trusation 1	1 2 3 3 4 0 0 5 5 0 0 (A) Prior Year 1a 1b 1c 1d 0 0 2 2 3 0 0 4 0 0 5 0 0 6 0 7 0 8 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		-
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	The state of the s			
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 2019 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
<u>e</u>	From 2018			
f	Total of lines 3a through e	0		
<u>g</u>	Applied to underdistributions of prior years		0	
<u>h</u>		Market State of the State of th		0
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from			
	Section D, line 7: \$ 0			
a			0	
<u>b</u>				0
<u>c</u> 5	Remainder. Subtract lines 4a and 4b from 4.	0		
э	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h		0	
0	•			
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	·			O NAMES AND ADDRESS OF THE PROPERTY OF THE PRO
'	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:	O Talogatista de la Contractica del Contractica de la Contractica		
a	Excess from 2015 0			
b	Excess from 2016			
d				
	Excess from 2019			
			THE R. P. LEWIS CO., LANSING, MICH. 49-140-140-140-140-140-140-140-140-140-140	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

Schedule A (Fo	om 990 or 990-E2) 2019 Global Partners in Peace and Development	75-3098074	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or		
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines	1c, 2a, 2b,	
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V,	Section F	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
	miles 2, 3, and 0. Also complete this part for any additional information. (See instructions.)	· .	

3.5%			

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.

Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Globa	Global Partners in Peace and Development						75-3098074			
	Part I Fundraising Activities. Complete if the organization answered "Yes" on F									
	Form 990-EZ filers are not required to complete this part.									
1	and the state where the engan raised raised and any of the following desirtates. Official an area apply:									
а	Mail solicitations				of non-government g					
b	Internet and email solicitations		_		of government grant	S				
С	Phone solicitations		g S	pecial fund	raising events					
d	In-person solicitations									
2a	Did the organization have a written of key employees listed in Form 990, F						Yes No			
b	If "Yes," list the 10 highest paid indiv		s (fundrais	ers) pursua	ant to agreements u	nder which the fund	Iraiser is to be			
	compensated at least \$5,000 by the	organization.								
	(I) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outions?	(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			
			Yes	No						
1										
					0	0	0			
2					0	0	0			
3					0	0	0			
4					0	0	0			
5					0	0:	0			
6					0	0	0			
7										
8					0	0	0			
9					. 0	0	0			
10			 		0	0	0			
					0	0	0			
Total				•	n	0	n			
3	List all states in which the organization	on is registered			contributions or has	been notified it is e	xempt from			
	registration or licensing.									
		*								

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 Proceeds for Poverty rphan Golf Tourname (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 17,180 20,091 14,583 51,854 Less: Contributions . . . 0 Gross income (line 1 minus line 2) 17,180 20,091 14,583 51,854 4 Cash prizes Noncash prizes 0 0 **Direct Expenses** 6 Rent/facility costs 0 0 7 Food and beverages . . . 0 Entertainment 0 0 Other direct expenses . . 0 0 0) Net income summary. Subtract line 10 from line 3, column (d) 51,854 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add col. (a) through col. (c)) (a) Bingo (c) Other gaming bingo/progressive bingo Gross revenue. 0 Direct Expenses Cash prizes 0 Noncash prizes 0 Rent/facility costs 0 5 Other direct expenses . Yes % Yes Yes Volunteer labor No No No 0) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . 0 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2019 Global Partners in Peace and Development	75-3098074	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	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?	Tyes T	 □ No
13	Indicate the percentage of gaming activity conducted in:		
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 an records:	nd	
	Name ▶	•••••	
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∏ Vas ∏	7 №
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ 0 and the		
	amount of gaming revenue retained by the third party ▶ \$ 0		
C	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		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		_
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	s (iii) and (v); ar I information.	o nd
	See instructions.		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service

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

Employer identification number

Global Partners in Peace and Development

T5-3098074

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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Global Partners in Peace and Development	75-3098074
Crossit Citation III Code and Development	70-00007-4

	•••••••••••••••••••••••••••••••••••••••

	**
	••••••