Boitnott & Schaben LLC P. O. Box 250 Cloverdale, VA 24077-0250 Phone: 540-9660114

Fax: 540-966-0106

timboitnott@botetourtcpas.com

November 13, 2023

Global Partners in Peace and Development P.O. Box 117 Blue Ridge, VA 24064

Dear Global Partners in Peace and Development, Dear Sir,

I have prepared your 2022 Form 990 based on the information you provided. Please review the enclosed copy and contact me if any records need correcting before being e-filed.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about Global Partners in Peace and Development's tax situation during the year, please do not hesitate to call me at 540-9660114. I appreciate this opportunity to serve you.

Sincerely,

Timothy B Boitnott Boitnott & Schaben LLC

Privacy Notice

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Federal Tax Return

Global Partners in Peace and Development

2022

Boitnott & Schaben LLC
P. O. Box 250
Cloverdale, VA 24077-0250
Phone: 540-9660114
Fax: 540-966-0106
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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Α	For the	2022 ca	lendar year, or tax year beginning			, and ei						
В	Check if a	applicable:	C Name of organization Global Partner	ers in Peace and D	Developme	ent	D	Employer	identifica	tion number		
Ц	Address	change	Doing business as									
П	Name cha	ange	Number and street (or P.O. box if mail is no	t delivered to street a	iddress)	Room/suite	75-3098074					
	rvanic on	unge	P.O. Box 117				E	Telephone	number			
Ш	Initial retu	ırn	City or town	State	е	ZIP code	540	-765-43	00			
П	Final return	/terminated	Blue Ridge	VA		24064					_	
\equiv			Foreign country name Foreign	n province/state/count	ty	Foreign postal		A	ainte C	1 706 05	2	
\sqsubseteq	Amended	return					G	Gross reco	eipts \$	1,706,052	_	
Ц	Application	n pending	F Name and address of principal officer:				H(a) Is this a	roup return f	or subordina	ites? Yes X No)	
			Jonathan D. Grooms Grooms 1331	Rainbow Forest	Drive, Tr	outville, VA	H(b) Are all	ubordinate	s included	i? Yes No)	
1	Tay-exer	npt status:	X 501(c)(3) 501(c) ((insert no.)	4947(a)(1)	or 527	If "No,"	attach a lis	t. See inst	tructions		
÷			w.Gpartners.org	(moditino.)	1017(4)(1)	002.	14.10					
	Website						H(c) Group e				-	
K	Form of o	organization	: X Corporation Trust Assoc	iation Other		L Yea	r of formation	2003	M Sta	te of legal domicile: VA	1	
•	Part I	Su	mmary									
	1	Briefly d	escribe the organization's mission or	most significant	activities	s: The	Corporation	n exists f	or Chari	itable		
Activities & Governance			ment and educational purposes. The					and				
'n		nations	through building relationships. We fu	Ifill these purpos	es with c	ross cultural	<u>/) </u>					
Š	2	Check th	nis box if the organization dis	scontinued its op	erations	or disposed	of more tha	an 25% d	of its net	t assets.		
တိ	3	Number	of voting members of the governing						3		8	
ون در	4		of independent voting members of the			/I, line 1b).			4	}	8	
ţį	5		mber of individuals employed in cale						5	-	7	
Ξ	6		mber of volunteers (estimate if neces						6			
Ac	7a		related business revenue from Part \		line 12.				7a	(0	
	b		elated business taxable income from			1			7b		_	
				,				or Year		Current Year	_	
a)	8	Contribu	itions and grants (Part VIII, line 1h) .			1		1,571	1,866	1,645,826	6	
Ž	9								0	, ,	0	
Revenue	10		ent income (Part VIII, column (A), lin						3	(0	
ď	11		evenue (Part VIII, column (A), lines 5,				54,898			60,226	6	
	12		enue—add lines 8 through 11 (must eq			1		1,626		1,706,052	_	
	13		and similar amounts paid (Part IX, co					.,,	0		0	
	14		paid to or for members (Part IX, colu						0	(n O	
s			other compensation, employee benefit					138	3,182	138,718	<u>–</u> 8	
Expenses	16a		onal fundraising fees (Part IX, colum						0		0	
per	b		ndraising expenses (Part IX, column			78,151						
Ä	17		openses (Part IX, column (A), lines 1		:)			1,348	3.912	1,266,693	3	
	18		penses. Add lines 13–17 (must equa		•	1		1,487		1,405,41	_	
	19		e less expenses. Subtract line 18 fro						9,673	300,64	_	
JO.	ĝ						Beginning			End of Year	_	
sets	20	Total as	sets (Part X, line 16)			1		792	2,379	1,092,606	6	
Ass	21							3	3,988	4,214	4	
Net Assets or	22	Net asse	ets or fund balances. Subtract line 21	from line 20 .				788	3,391	1,088,392	2	
	art II	Sig	nature Block									
			y, I declare that I have examined this return, inc					•	•		_	
and	belief, it is	s true, corre	ect, and complete. Declaration of preparer (other	r than officer) is based	d on all infor	rmation of which	preparer has	any knowl	edge.		_	
Sig	an										_	
He		_	ure of officer					Date				
		Jonat	han D. Grooms Grooms			Mana	ager				_	
			Type or print name and title	+ _			1_	1			_	
_		Prin	t/Type preparer's name	Preparer's signature	е		Date		heck	T If PTIN		
Pa		Tim	othy B Boitnott	Timothy B Boitr	nott		11/13/2		elf-employ			
	eparer	T	's name Boitnott & Schaben LLC	<u>, , , = = = =</u>						•	_	
US	e Only	Firm's address P. O. Box 250, Cloverdale, VA 24077-0250				Firm's EIN 71-0903145 Phone no. 540-9660114				_		
144	v tha I		s this return with the preparer shown				Pho	ne no.	J 4 U-30	X Yes No	_	
ıvıa	ıv ıne ih	งอ นเรตนร	s mis return with the preparer shown	auuve aee ins	TOUCHOUS.					IAIYES I ING	()	

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: The purpose of the Organization is to promote peace among individuals and nations through	_
	building relationships. Peace is promoted by cross cultural dialogue, refugee support, humanitaritan aid, education and training.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,191,292 including grants of \$) (Revenue \$ Charitable development and education. Promote Peace among individuals and nations through building relationships with cross cultural education. See attached statement on Schedule O.)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
40	Total program service expenses 1.101.202	

			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	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Χ
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ن		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	_		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			.,
10	negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
	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? <i>If</i> "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- `	
-	If "Yes," complete Schedule G, Part III.	19		Χ
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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		Х

Par	t IV 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	<u> </u>	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			
	employees? If "Yes," complete Schedule J	23	<u> </u>	Х
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	1045		
h	24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b	 	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	-	├^
C	to defease any tax-exempt bonds?	24c		Х
Ь	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			 ^
	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			Ť
	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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		
b	"Yes," complete Schedule L, Part IV	28a 28b	 	X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200	╁	├^
·	"Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		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	<u> </u>	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line</i> 2	36		_~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	X
31	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	31		 ^
50	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		1 30	^_	
- ai	Check if Schedule O contains a response or note to any line in this Part V			П
	2 Solicano e contante a respense or note to any into in the rait v	<u> </u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	_		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	

				9
Par			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		Χ
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		Χ
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
b h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
·	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		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:	36		^
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			
11	Section 501(c)(12) organizations. Enter:			
	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		Х
-	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	- 1.0		
-	excess parachute payment(s) during the year?	15		Х
		13		Ĥ
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Х
	If "Yes," complete Form 6069.			

Part VI

Global Partners in Peace and Development 75-3098074 **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No"

Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		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 person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		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 undertaken during			
	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	Χ	
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 C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
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		Χ
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		Χ
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		Χ
14	Did the organization have a written document retention and destruction policy?	14		Χ
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		Χ
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		Χ
	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 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	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			

Global	Partners	in	Peace	and	Development	
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Form 990 (2022) Glob
Part VII Comp

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

	, ,						-			_
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson lirect	than or is both pr/truste employee	an	(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) Jonathan Grooms	30.00									
Chairman	0.00	Χ		Х						
(2) Paul Troutt	1.00									
Vice Chairman	0.00	Х		Х						
(3) James Kistner	1.00									
Treasurer	0.00	Х		Х						
(4) Jane Campbell	1.00									
Director	0.00	Х		Х						
(5) Scott Cunningham	1.00									
Director	0.00	1								
(6) Jessica Lankford	1.00									
Director	0.00	Х								
(7) Jeff Lundeen	1.00									
Director	0.00	Х								
(8) Woodrow Fisher	1.00									
Secretary	0.00	Х								
(9)										
	[
(10)										
(11)										
(12)										
(13)										
(14)										

	Section A. Officers, Directors, Tru	istees, key Em	pioye	es,	and	и пі	gnes	U	ompensated En	ipioyees (c	Onun	uea)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe d a d	erson directo	than of the state	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportab compensat from relat organizations 1099-MIS 1099-NE0	tion ed (W-2/ C/	com fr organ	(F) ated amount of other opensation rom the nization and organizations
(15)										1			
(16)													
(17)										*			
(18)													
(19)													
(20)													
(21)				7									
(22)			*										
(23)													
(24)													
(25)		1											
1b c d	Subtotal								0 0		0 0		0 0
2	Total number of individuals (including but not lir reportable compensation from the organization	mited to those lis	sted a	bov	e) v	who	recei	ved	more than \$100),000 of			0
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>						-		ompensated 			3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	•							•	h 		4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yes	•			-			_				5	X
	tion B. Independent Contractors		.1 4	4			414 -			\$400.000			
1	Complete this table for your five highest compe compensation from the organization. Report co												
	(A) Name and business addr	ress							(B) Description of ser	vices	C	(C) Compens	sation
													0
										+			0
													0
													0
2	Total number of independent contractors (inclu	-	ted to	tho	se l	liste	_	ve)	who received				
	more than \$100,000 of compensation from the	บเนลเแนลแอก					0						

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Part VIII	Statement	of	Revenu
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		Check if Schedule O contains a response or note to any line i	n this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns				
Con	h	lines 1a–1f	1,645,826			
Program Service Revenue	2a b c d e f	All other program service revenue	0 0 0 0 0 0			
Other Revenue	3 4 5 6a b c d 7a b	Investment income (including dividends, interest, and other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties	0			
	b c 9a b c 10a b	of contributions reported on line 1c). See Part IV, line 18	0 60,226			
Miscellaneous Revenue		Marketing Miscellaneous All other revenue	0 0 0			
	12	Total revenue. See instructions.	1.706.052		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 t	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		'	,	
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	-			
·	trustees, and key employees	0		0	
6	Compensation not included above to disqualified	<u> </u>		Ů	
·	persons (as defined under section 4958(f)(1)) and			·	
	persons described in section 4958(c)(3)(B)	125,241		125,241	
7	Other salaries and wages	0		120,241	
8	Pension plan accruals and contributions (include	0			
0	section 401(k) and 403(b) employer contributions)	0			
0		0			
9	Other employee benefits			10 477	
10	Payroll taxes	13,477		13,477	
11	Fees for services (nonemployees):	0			
a	Management	0			
b	Legal	0	V		
C	Accounting				
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	0		0	
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				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	527		527	
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.)				
а	Program expenses	1,191,292	1,191,292		
b	Fundraisers	78,151			78,151
С		0			
d		0			
е	All other expenses	-3,277		-3,277	
25	Total functional expenses. Add lines 1 through 24e	1,405,411	1,191,292	135,968	78,151
26	Joint costs. Complete this line only if the		_		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	780,731	1	1,080,945
	2	Savings and temporary cash investments	11,648	2	11,661
	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%		4	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	-
Ä	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		0	15	0
	16	Other assets. See Part IV, line 11	792,379	16	1,092,606
	17	Accounts payable and accrued expenses	3,988	17	4,214
	18	Grants payable	0,900	18	4,214
	19	Deferred revenue	0	19	
	20		0		
		Tax-exempt bond liabilities	0		
(O	21		U	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%	0	20	
<u> </u>	22	controlled entity or family member of any of these persons	0		0
_	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	3,988	26	4,214
es		Organizations that follow FASB ASC 958, check here			
än		and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions	0	27	
P	28	Net assets with donor restrictions	0	28	
Ę		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
S	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	
₽Sŧ	31	Retained earnings, endowment, accumulated income, or other funds	788,391	31	1,088,392
et,	32	Total net assets or fund balances	788,391	32	1,088,392
Ž	33	Total liabilities and net assets/fund balances	792,379	33	1,092,606

orm 9	990 (2022) Global Partners in Peace and Development	75-309	8074	Pag	je 12
Part	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		1,706	,052
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,405	i,41′
3	Revenue less expenses. Subtract line 2 from line 1	3		300	,641
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		788	3,391
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8		8			-640
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,				
		10		1,088	,392
Part	XII Financial Statements and Reporting				
	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.				
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		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				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
С	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		20		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		
D	ii res, and the organization undergo the required additor addits? 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

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization

75-3098074 Global Partners in Peace and Development Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

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

Part II

	(Complete only if you check Part III. If the organization fa				-		der
Sac	ction A. Public Support	ilis to quality un	dei the tests h	sted below, pie	ase complete r	art III.)	
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(6) 2010	(6) 2020	(d) 2021	(6) 2022	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities				4		
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	0	, 0	0		0	0
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties, and income from		</td <td></td> <td></td> <td></td> <td></td>				
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or	-					
10	loss from the sale of capital assets						
	(Explain in Part VI.)	4					0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	oo instructions)				12	0
13	First 5 years. If the Form 990 is for the orga		and third fourth	or fifth tax year as	2 coction 501(c)(3)	14	
13	organization, check this box and stop here			-			
C							· · · · · · <u> </u>
	ction C. Computation of Public Su		•	/f \\		14	0.000/
14 15	Public support percentage for 2022 (line 6, or Public support percentage from 2021 Sched	1.1	-			15	0.00%
						l	0.0070
16a	33 1/3% support test—2022. If the organization qualifies as						
b	33 1/3% support test—2021. If the organiz	ation did not check	a box on line 13	or 16a, and line 15	is 33 1/3% or more	, check this	
	box and stop here. The organization qualification	es as a publicly sup	ported organization	on			
17a	10%-facts-and-circumstances test—2022	2. If the organization	n did not check a l	oox on line 13, 16a	, or 16b, and line 1	4	.
	10% or more, and if the organization meets	the facts-and-circur	nstances test, che	eck this box and st	op here . Explain in		
	Part VI how the organization meets the facts	s-and-circumstance	s test. The organi	zation qualifies as a	a publicly supported	d	•
	organization						
b	10%-facts-and-circumstances test—202	•		·			
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fa		•	•			1
	organization						· · · · <u> </u>
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

Schedule A (Form 990) 2022

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	ction A. Public Support			· •	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						_
	received. (Do not include any "unusual grants.")	1,279,221	1,425,094	1,426,787	1,571,866	1,645,826	7,348,794
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	4.070.004	4 405 004	4 400 707	4 574 000	4 0 4 5 0 0 0	7.040.704
6	Total. Add lines 1 through 5	1,279,221	1,425,094	1,426,787	1,571,866	1,645,826	7,348,794
7a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						0
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000			. 4			
	or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	•0	0	0	0	0
8	Public support (Subtract line 7c from	Ü			<u> </u>	J	
	line 6.)						7,348,794
Sec	ction B. Total Support						, , , , , , , , , , , , , , , , , , ,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1,279,221	1,425,094	1,426,787	1,571,866	1,645,826	7,348,794
10a	Gross income from interest, dividends,	•					_
	payments received on securities loans, rents,	1					
	royalties, and income from similar sources	2,000	897	6,046	3		8,946
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		*				0
С	Add lines 10a and 10b	2,000	897	6,046	3	0	8,946
11	Net income from unrelated business						
	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						^
40	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,281,221	1,425,991	1,432,833	1,571,869	1,645,826	7,357,740
14	First 5 years. If the Form 990 is for the orga					1,045,020	7,337,740
17	organization, check this box and stop here			-			
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2022 (line 8, c			(f))		15	99.88%
16	Public support percentage from 2021 Sched	. ,	•			16	99.85%
	ction D. Computation of Investmer					-	
17	Investment income percentage for 2022 (line			column (f))		17	0.12%
18	Investment income percentage from 2021 Se		-			18	0.15%
19a	33 1/3% support tests—2022. If the organi	zation did not chec	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s	-			-		X
b	33 1/3% support tests—2021. If the organi						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did it	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	8	

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of 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.

Global Partners in Peace and Development

- Did the organization have any supported organization that does not have an IRS determination of status, under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- 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.
- 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).
- 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 509(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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

i		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	2-		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	- 4-		
	9b		
	7.5		
	9c		
	36		
	4.6		
	10a		
	46:		
	10b		
dule	A (Fo	rm 990	1 2022

Page **5**

	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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
·	detail in Part VI .	11c		
Sect	tion 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			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	урга саррама за запашни		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sect</u>	tion D. All Type III Supporting Organizations		ı	
			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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.	3		
<u>Sect</u>	tion 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	ıction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions).	
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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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,			
	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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	g tru:	st on Nov. 20, 1970 <i>(explain l</i>	•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	A	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inte	egrated Type III supporting o	organization (see

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 exempt	ot purposes of supported	l	
	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 VI	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 the	ne organization is respor		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
<u> </u>	From 2018			
<u>c</u>	From 2019			
<u>d</u>	From 2020			
<u>e</u>	From 2021	0		
f	Total of lines 3a through 3e	0	0	
<u>g</u>	Applied to underdistributions of prior years Applied to 2022 distributable amount		U	0
	Carryover from 2017 not applied (see instructions)			U
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from	, and the second		
	Section D, line 7: \$ 0			
<u>a</u>			0	
	Applied to 2022 distributable amount			0
<u>c</u>	Tromandor. Captact med la arta ib nominio i.	0		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7	Excess distributions carryover to 2023. Add lines 3j			0
′	and 4c.	0		
8	Breakdown of line 7:	U		
a	Excess from 2018 0			
<u>u</u>	Excess from 2019			
	Excess from 2020			
d				
	Excess from 2022 0			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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, Section 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 E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	• ()

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Global Partners in Peace and Development 75-3098074 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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)

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.

OMB No. 1545-0047

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization Global Partners in Peace and Development 75-3098074 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, 2a trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (ii) Activity custody or control of contributions? or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 0 0 0 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 10 0 0 0 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

registration of licensing.		
registration of licensing.		

Schedule G (Form 990) 2022 Global Partners in Peace and Development Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II 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 rphan Golf Tourname Proceeds for Poverty (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 19,368 17,600 60,226 2 Less: Contributions . . . Gross income (line 1 minus 17,600 line 2) . . _ . . . _ 19,368 23,258 60,226 Cash prizes Noncash prizes 0 Direct Expenses Rent/facility costs 0 Food and beverages . . . 0 Entertainment Other direct expenses . . Direct expense summary. Add lines 4 through 9 in column (d). 0) Net income summary. Subtract line 10 from line 3, column (d) Part III **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 (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue. 0 Direct Expenses Cash prizes 2 0 Noncash prizes 0 Rent/facility costs Other direct expenses . Yes Yes Volunteer labor . . . Direct expense summary. Add lines 2 through 5 in column (d) 0) Net gaming income summary. Subtract line 7 from line 1, column (d) 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? . . .

If "Yes," explain:

Sched	ule G (Form 990) 2022 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?	Yes 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 a records:	nd
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$	
	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 \$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?	Yes No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year \$	0
Part		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	
	See instructions.	

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Global Partners in Peace and Development	75-3098074
Form 990, Part VI, Section B, Line 10C - 16: The Organization meets regularly to disci	uss
budgeting, planning, salaries, hiring, conflicts of interest, financials.	-
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Schedule O (Form 990) 2022	
Name of the organization	Employer identification number
Global Partners in Peace and Development	75-3098074
<u> </u>	
)

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

101 a 1 ax	Exempt Entity
For calendar year 2022, or fiscal year beginning	. 2022, and ending

, 2022, and ending _____, 20

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **EIN or SSN** Global Partners in Peace and Development 75-3098074 Name and title of officer or person subject to tax Jonathan D. Grooms Grooms Manager Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12). . . 1,706,052 2a Form 990-EZ check here 3a Form 1120-POL check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5) . . . 4a Form 990-PF check here 4b **5a Form 8868** check here 6a Form 990-T check here 6b 7a Form 4720 check here 7b **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b 9a Form 5330 check here 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am a person subject to tax with respect to (name Under penalties of perjury, I declare that ____ I am an officer of the above entity or of entity) Global Partners in Peace and Development , (EIN) 75-3098074 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize Boitnott & Schaben LLC to enter my PIN 10489 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 54666710489 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Timothy B Boitnott ERO's signature Date **ERO Must Retain This Form—See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

101 a 1 a x	Exempt Entity
For calendar year 2022, or fiscal year beginning	, 2022, and ending

, 2022, and ending _____, 20 ____

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Name of filer	EIN or SSN				
Global Partners in Peace and Development	75-3098074				
Name and title of officer or person subject to tax					
Jonathan D. Grooms Grooms Manager					
Part I Type of Return and Return Information					
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check before using filed with this form was bloom 55, 65, 75, 85, 95, or 105, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the rapplicable line below. Do not complete more than one line in Part I. 1a Form 990 check here box box Total revenue, if any (Form 990, Part VIII, column (A) are Form 990-EZ check here box box Total revenue, if any (Form 990-EZ, line 9) box Total tax (Form 1120-POL, line 22).	heck the box on line 1a, 2a, 3a, 4a, ank, then leave line 1b, 2b, 3b, 4b, return, then enter -0- on the 1b 2b 3b				
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, P					
5a Form 8868 check here X b Balance due (Form 8868, line 3c)					
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b				
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b				
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item	D) 8b				
9a Form 5330 check here	9b				
10a Form 8038-CP check here	line 22) 10b				
Part II Declaration and Signature Authorization of Officer or Person Subject	t to Tax				
Under penalties of perjury, I declare that					
I authorize Boitnott & Schaben LLC to enter my PII ERO firm name	N as my signature Enter five numbers, but				
	do not enter all zeros				
on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.					
Signature of officer or person subject to tax	Date				
Part III Certification and Authentication					
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 546667 do not enter all zeros					
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.					
ERO's signature Timothy B Boitnott Date	11/13/2023				
ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So					