Form	990
Form	990

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2022 Open to Public Inspection

AI	For th	e 2022 calendar year, or tax year beginning and	ending	_	•
B	Check if applicat	C Name of organization		D Employer identific	ation number
	Addr	GLOBAL PARTNERS IN HOPE			
	Nam			26-318612	20
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		101	402-250-3	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	835,843.
	Amer	MARA, NE 00144		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: IAN VICKERS		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates inc	No Yes
_		(empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	· · · · ·	ist. See instructions
-	Webs			H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 2008 M	State of legal domicile: NE
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	HOLISTIC AN	
anc		HUMANITARIAN SERVICES TO AREAS OF NEED TH			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			ets. 11
Š	3				11
৵	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			25
ti	6	Total number of volunteers (estimate if necessary)			0.
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,456,668.	788,124.
Revenue	9			0.	0.
ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-764.	7,274.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,455,904.	795,398.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		315,692.	380,941.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 147, 1	75.		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		609,922.	590,565.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		925,614.	971,506.
	19	Revenue less expenses. Subtract line 18 from line 12		530,290.	-176,108.
or	27			ginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		1,220,430.	1,027,021.
ASS	21	Total liabilities (Part X, line 26)		16,645.	17,555.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,203,785.	1,009,466.
Pa	art II				
L Los of					In a second state of the s

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer					Date		
Here	IAN VICKERS, CEO & PRESID	ENT						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature			Date	Check] PTIN	
Paid	JOSHUA J. TEUT, CPA	JOSHUA J.	TEUT,	CPA	05/10	/23 self-employed	P0128654	8
Preparer	Firm's name BERGANKDV, LLC					Firm's EIN 81-	-3053687	
Use Only	Firm's address 16924 FRANCES ST.							
	OMAHA, NE 68130					Phone no. 402 -	-330-7008	
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	s				X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate	e instructio	ons.			Form 990	(2022)

	Form 990	(202
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 655,814.	
4d	Other program services (Describe on Schedule O.)	
GSAO 2 D 3 If 4 D 4a II 4b III 4c III 4d IIII		
4c	DUE TO THE WORLDWIDE PANDEMIC WHICH BEGAN IN 2020 THE BOARD OF (Code:) (Expenses \$	
	CONFERENCES.	
	OPPORTUNITIES FOR TEACHERS AND SPEAKERS FROM THE UNITED STATES TO TRAVEL WITH THEM TO CHINA AND CONDUCT WORKSHOPS, RETREATS AND	
	COMMUNITY LEADERS IN THEIR SPECIFIC DEMOGRAPHIC, INCLUDING WOMEN, MEN, FAMILY, BUSINESS AND COMMUNITY. OUR IN-COUNTRY DIRECTORS FACILITATE	
	COMMITMENT TO ASSIST AND PROMOTE THE VISION AND PROGRAMS OF THE ORGANIZATION IN CHINA. EACH LEADERSHIP PROGRAM FOCUSES UPON DEVELOPING	
	SCHOLARSHIPS FOR STUDENT LEADERS THAT POSSESS THE QUALITIES AND	
	IN CHINA, GLOBAL PARTNERS IN HOPE IS PROVIDING PROGRAMS AND TRAINING IN LEADERSHIP DEVELOPMENT TO OVER 1,500 INDIVIDUALS ANNUALLY AND	N
4b	(Code:) (Expenses \$21,575. including grants of \$) (Revenue \$)	
	FACILITY ALONG WITH FIVE OUTPOST HEALTH CENTERS, EACH HOSTING ITS OWN CLEAN WATER WELL AND SOLAR ENERGY SYSTEM IN THE ZIO DISTRICT OF TOGO.	
	COMPASSION. THE OBJECTIVE IN TOGO IS TO ESTABLISH A CENTRALIZED MEDICA	L.
	THE WORK OF GLOBAL PARTNERS IN HOPE HAS ALSO EXPANDED IN WEST AFRICA TO INCLUDE THE COUNTRY OF TOGO, IN PARTNERSHIP WITH A LOCAL NGO,	0
	REGION OF MALL. CURRENTLY, THESE HEALTH CENTERS SERVE A POPULATION OF APPROXIMATELY 90,000 PEOPLE.	
	ESTABLISHED BY GLOBAL PARTNERS IN HOPE IN OUTPOST VILLAGES IN THE BAKO	
2 C C C C C C C C C C C C C C C C C C C	PARTNER IN MALI, C.P.A.M., TO CONTINUE TO PROVIDE TRAINING AND SUPPORT FOR NINE EXISTING HEALTH CENTERS AND CLEAN WATER WELLS PREVIOUSLY	
та	IN WEST AFRICA, GLOBAL PARTNERS IN HOPE IS WORKING ALONGSIDE ITS	
4 2	revenue, if any, for each program service reported. (Code:) (Expenses \$ 634,239. including grants of \$) (Revenue \$	
-	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	
	If "Yes," describe these changes on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O.	No
2	Did the organization undertake any significant program services during the year which were not listed on the	
	AND RESOURCES TO DEVELOP AND SUSTAIN HOLISTIC OPPORTUNITIES AND OUTREACH PROGRAMS ASSISTING INDIVIDUALS, CHILDREN, FAMILIES AND	
Form Pai 1 2 3 4a 4b 4c	SERVICES TO AREAS OF NEED THROUGHOUT THE WORLD BY NETWORKING PEOPLE	
1	Briefly describe the organization's mission: GLOBAL PARTNERS IN HOPE IS PROVIDING HOLISTIC AND HUMANITARIAN	
	Check if Schedule O contains a response or note to any line in this Part III	X
	Obach if Cabadula O contains a vacanteres av note to any line in this David III	V

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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
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1 41	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 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	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
27				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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			77
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				·
μ	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	.03	110
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b			
0	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(compline) winnings to prize winners?	1c		х
232004	(ganbing) winnings to prize winners?		990	(2022)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
0				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 10			
b	filed for the calendar year ending with or within the year covered by this return		2b	х	
3a			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		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 Ad	counts (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 transact		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	in a second data data data data data data data da	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 82802	s required	7.0		x
А	to file Form 8282?	7d	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year		7e		х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c	-		
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		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 ac	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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GLOBAL PARTNERS IN HOPE

Check if Schedule O contains a response or note to any line in this Part VI

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

4.	Establish and the factor of the second second states and the second states are	a.	11		Yes	N
та	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>			
	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 0.		11			
	Enter the number of voting members included on line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		X
~	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the			_		Х
	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9			3 4		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's ass			4 5		X
5 6				5 6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		2:
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					_
	persons other than the governing body?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	,			
	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				1
					Yes	Ν
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing th	ne form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	on Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13		X
4	Did the organization have a written document retention and destruction policy?			14		X
5	Did the process for determining compensation of the following persons include a review and approva	by independe	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ent with a				_
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	• •	on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filedNONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990-T (sectio	on 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule C				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest	t policy, and	finano	cial	
	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 boo	ks and records	5			
	LINDA SCHOLTING - 402-980-5060					
	14441 DUPONT COURT, 101, OMAHA, NE 68144					

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 the instructions for definition of "key employee."

- List all of the organization is carrent key employees, and so de the inductions of definition of the events

• 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.

____ 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		(C) Position (do not check more than one box, unless person is both an					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	list any hours for related organizations below line)	stee or director igo	cer ar		irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) IAN VICKERS	40.00							00 100	•	40.055
DIRECTOR, CEO AND PRESIDEN (2) BOB SCHARF	2 00	X		X				90,199.	0.	42,355.
DIRECTOR, CHAIRMAN OF BOAR	3.00	x		x				0.	0.	0.
(3) LINDA SCHOLTING	5.00	<u> </u>		^				0.	0.	0.
DIRECTOR, TREASURER	5.00	x		x				0.	0.	0.
(4) CRYSTAL BAYLISS	1.00									
DIRECTOR, SECRETARY		x		x				0.	0.	0.
(5) STEVE PERRY	1.00									
DIRECTOR		x						0.	0.	0.
(6) DR. EMILY LANGE	1.00									
DIRECTOR		X						0.	0.	0.
(7) DONALD BERGLUND	1.00									
DIRECTOR		X						0.	0.	0.
(8) ERIC FROHARDT	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DR. COLEEN STICE	1.00									
DIRECTOR		X						0.	0.	0.
(10) MARK HUNTER	1.00									
DIRECTOR	1 0 0	X						0.	0.	0.
(11) ERIC MAAS	1.00							•	0	0
DIRECTOR		X						0.	0.	0.
		1								
		-								
		-								
		-								
		-								
232007 12-13-22	<u> </u>									Form 990 (2022)

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232007 12-13-22

	990 (2022) GLOBAL PA									26-31	8612	20	Page 8
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week	(do box, offic	not c , unle:	(C Pos heck i ss per	C) ition more rson i		one	ompensated Employee (D) Reportable compensation from	s (continued) (E) Reportable compensation from related	1	(F) Estima amour othe	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)	C/	from from from from from from from from	the ation ated
1b	Subtotal								90,199.		0.	42,	355.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								0 • 90 , 199 • eceived more than \$100,		0.	42,	0. 355. 0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			-	•			Ŭ				Ye:	-
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? <i>If</i> "Yes, ccrue compen	" co Isatio	mple on fr	ete S rom	Sche any	edule unre	<i>J f</i> elate	or such individual ed organization or individ	lual for services		4	X
Sec 1	rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors				-							5	X
	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of complete the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE										(C)	ion	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t	thos (ted	above) who received mo	ore than	Fo	orm 990	(2022)

232008 12-13-22

Form				NER	S IN HOP	PE		26-3186	120 Page
Par	t V	111	Statement of Revenue						
			Check if Schedule O contains a respon	nse oi	r note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
ts t	1	а	Federated campaigns 1a						
oun			Membership dues 1b						
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c						
ilar İlar			Related organizations 11						
Sim's			Government grants (contributions)1eAll other contributions, gifts, grants, and						
herio		•	similar amounts not included above 1f	7	88,124.				
Ęġ		g	Noncash contributions included in lines 1a-1f 1g \$		14,398.				
<u>a C</u>		h	Total. Add lines 1a-1f			788,124.	_		
					Business Code				
e l	2	а		_					
Program Service Revenue		b							
		c d							
Be		u e		-					
รี		f	All other program service revenue	_					
			Total. Add lines 2a-2f						
	3 4		Investment income (including dividends, in other similar amounts) Income from investment of tax-exempt bor			5,195.			5,195
	5		Royalties		(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss) Gross amount from sales of (i) Securiti		(ii) Other				
	1	a	assets other than inventory $7a$ $42,52$						
		b	Less: cost or other basis						
e			and sales expenses 7b 40,44						
venue		С	Gain or (loss)	9.					
Other Re			Net gain or (loss)			2,079.			2,079
the	8		Gross income from fundraising events (not including \$ of						
0			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		с	Net income or (loss) from fundraising even	its					
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Gross sales of inventory, less returns	• 					
		-	and allowances	10a					
		b	Less: cost of goods sold	10b					
			Net income or (loss) from sales of inventor						
<u>0</u>				F	Business Code				
eon	11								
ven		b							
Miscellaneous Revenue		с с	All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			795,398.	0.	0.	7,274
32009						-			Form 990 (202

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GLOBAL PARTNERS IN HOPE 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 ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	122 554	27 061	22 660	ככס רד
	trustees, and key employees	132,554.	37,061.	22,660.	72,833
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	208,733.	126,970.	48,447.	33,316
	Other salaries and wages	200,755.	120,970.		55,510
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits	23,713.	8,899.	4,713.	10,101
	Payroll taxes	15,941.	9,758.	3,630.	2,553
	Fees for services (nonemployees):	1375111	577501	5,0500	2,333
	Management				
	Legal	10,701.	10,271.	430.	
	Accounting	14,700.		14,700.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	918.		918.	
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	14,222.		14,222.	
	Advertising and promotion	9,225.			9,225
	Office expenses	8,489.	1,430.	6,459.	600
	Information technology	10,397.		10,397.	
	Royalties				
	Occupancy	9,716.	2,247.	5,152.	2,317
	Travel	59,970.	45,147.	10,140.	4,683
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	26,314.	26,162.	152.	
3	Insurance	8,073.		8,073.	
	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 0.)				
	MEDICAL CLINIC FUNDING	174,144.	174,144.		
	MEDICAL EXPENSES	96,132.	96,132.		
-	TRIP - INTERNATIONAL TE	58,415.	58,415.		
	AFRICAN STOVES AND OTHE	26,804.	26,804.		
	All other expenses	62,345.	32,374.	18,424.	11,547
	Total functional expenses. Add lines 1 through 24e	971,506.	655,814.	168,517.	147,175
	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)				

11

232010 12-13-22

10490510 136621 B036120.101

Form 990 (2022)

10490510 136621 B036120.101

33

Total liabilities and net assets/fund balances

1,220,430.

33

1,027,021.

Form 990 (2022)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 234,971. 193,564. 1 1 Cash - non-interest-bearing 703,652. 627,545. Savings and temporary cash investments 2 2 136,949. 3 37,085. 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 193,932. 10a basis. Complete Part VI of Schedule D 105,540. 20,302. 88,392. b Less: accumulated depreciation _____ 10b 10c 124,556. 80,435. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 1,220,430. 1,027,021. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 16,645. 17,555. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 16,645. 17,555. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 453,846. 27 265,233. 27 Net assets without donor restrictions Net assets with donor restrictions 749,939. 744,233. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,203,785. 1,009,466. Total net assets or fund balances 32 32

Form 990 (2022)

Part X Balance Sheet

Form	990 (2022) GLOBAL PARTNERS IN HOPE	26-	-3186120	Pag	_{ge} 12
Par	t 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	795		
2	Total expenses (must equal Part IX, column (A), line 25)	2	971		
3	Revenue less expenses. Subtract line 2 from line 1	3	-176	5,10)8.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,203	3,78	35.
5	Net unrealized gains (losses) on investments	5	-18	3,21	11.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,009),46	56.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis 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		_X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it 🛛		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam		the organization							Identification number				
D -			AL PARTNERS	6-3186120									
	rt I	Reason for Public C					ee instruction	S.					
The	orgar	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		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.)											
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).						
	X	An organization that normal	-					e general r	oublic described in				
•		section 170(b)(1)(A)(vi). (C			onna gora	, minorital		o gonorar r					
8		A community trust describe		1)(A)(vi) (Complete Par	них								
9	H	An agricultural research org				nd in coni	unction with a	land grant	collogo				
9													
		or university or a non-land-g	rant college of agrici	ulture (see instructions).		lame, city	, and state of	the college	0I				
		university:											
10		An organization that normal	•				-	•	•				
		activities related to its exem							-				
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor											
11	Ц	An organization organized a	-	•	•								
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to car	ry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	r section	509(a)(2).	See section 5	6 09(a)(3). (Check the box on				
		_lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting				
		organization. You must c	omplete Part IV, Se	ctions A and B.									
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ing				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	d with,				
		its supported organization											
d		Type III non-functionally						ted organiz	ation(s)				
		that is not functionally inte	• •					Ũ					
		requirement (see instructi			•		-						
е		Check this box if the orga		-				I Type III					
Ŭ		functionally integrated, or						i, iype iii					
f	Ent	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0								
		vide the following information	•	d organization(s)									
9		(i) Name of supported	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization	. ,	(described on lines 1-10	in your governi Yes	ng document?	support (see in	structions)	support (see instructions)				
				above (see instructions))	100								
Tota	al												

Part II

GLOBAL PARTNERS IN HOPE

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260										
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.")	909,884.	922,430.	884,393.	1456668.	788,124.	4961499.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	000 004	000 400	004 000	145660	800 104	4061400			
	Total. Add lines 1 through 3	909,884.	922,430.	884,393.	1456668.	788,124.	4961499.			
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,						E00 E11			
•	column (f)						<u>588,514.</u> 4372985.			
	Public support. Subtract line 5 from line 4. ction B. Total Support						43/2903.			
		(a) 2019	(1) 2010	(-) 2020	(4) 0001	(-) 2022				
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 909,884.	(b) 2019 922,430.	(c) 2020 884,393.	(d) 2021 1456668.	(e) 2022 788,124.	(f) Total 4961499.			
	Gross income from interest,	505,001	522,450.	004,555.	1430000.	700,124.	49014990			
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1,268.	2,280.	5,775.	3,596.	5,195.	18,114.			
9	Net income from unrelated business		2,2001	0,,,,,,,,	0,000	0,2000				
5	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						4979613.			
	Gross receipts from related activities,	etc. (see instructio	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)				
	organization, check this box and stop	-		-						
Sec	ction C. Computation of Publi	ic Support Per	centage							
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	87.82 %			
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	88.49 %			
1 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>				
	stop here. The organization qualifies	as a publicly supp	orted organization				X			
b	33 1/3% support test - 2021. If the o									
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances test	•								
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	-	-	• • • •	-					
b	10% -facts-and-circumstances test						10% or			
	more, and if the organization meets the									
	organization meets the facts-and-circl		•		••••					
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	o, check this box a					
						Schedule A	(Form 990) 2022			

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Schedule A	(Form	990	202
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GLOBAL PARTNERS IN HOPE

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.)

Section A	. Public Support						
Calendar year	(or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, gi	rants, contributions, and						
membe	rship fees received. (Do not						
include	any "unusual grants.")						
mercha formed, any act	eceipts from admissions, ndise sold or services per- or facilities furnished in ivity that is related to the						
-	ation's tax-exempt purpose						
	eceipts from activities that						
	an unrelated trade or bus- nder section 513						
4 Tax rev	enues levied for the organ-						
	s benefit and either paid to nded on its behalf						
	ue of services or facilities						
furnishe	ed by a governmental unit to						
•	anization without charge						
	Add lines 1 through 5						
	ts included on lines 1, 2, and ved from disqualified persons						
from other exceed the	ncluded on lines 2 and 3 received than disqualified persons that e greater of \$5,000 or 1% of the n line 13 for the year						
	es 7a and 7b						
	support. (Subtract line 7c from line 6.)						
	. Total Support					1	
Calendar year	(or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ts from line 6			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10a Gross in dividen securitio	ncome from interest, ds, payments received on es loans, rents, royalties, ome from similar sources						
b Unrelate	d business taxable income						
(less sec	tion 511 taxes) from businesses						
acquired	after June 30, 1975						
c Add line	es 10a and 10b						
11 Net inco activitie whethe	s not included on line 10b, r or not the business is y carried on						
12 Other in or loss	from the sale of capital Explain in Part VI.)						
	pport. (Add lines 9, 10c, 11, and 12.)						
14 First 5	years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	tion,
	his box and stop here						
Section C	. Computation of Publi	c Support Per	centage			1	
15 Public s	support percentage for 2022 (I	ine 8, column (f), di	ivided by line 13,	column (f))		15	%
-	Support percentage from 2021 Computation of Invest					16	%
-	ent income percentage for 20			ine 13. column (f))	1	17	%
	ent income percentage from					18	%
	6 support tests - 2022. If the						
	an 33 1/3%, check this box ar						
	6 support tests - 2021. If the						and
	is not more than 33 1/3%, che						
	foundation. If the organizatio	T GIU HOL CHECK à l			THE DUX AND SEE INS		A (Form 990) 2022
232023 12-09-22	-		16	5		Schedule	עער (טפר ווויס וו 2022

2022.03040 GLOBAL PARTNERS IN HOPE

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GLOBAL PARTNERS IN HOPE

Yes

No

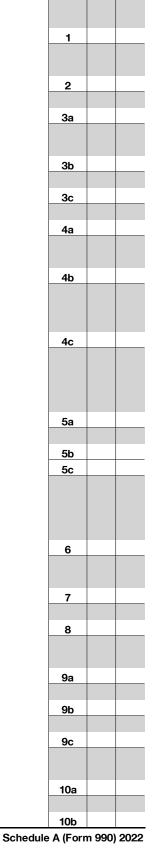
Part IV Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 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?
- 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 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.)

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2

1

Yes No

			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		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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, or trustees were allocated among the</i>			
	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	1		
2	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	1		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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).

Section 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			
	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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization	n used to satisfy the Inte	teoral Part Test during the v	lear (see instructions).
				,ca, (eee

- a 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 instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** 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.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | Schedule A (Form 990) 2022

2a

2b

3a

Schedule A (Form 990) 2022 GLOBAL PAR
Part IV Supporting Organizations (continued)

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No

Yes

Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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		

Schedule A (Form 990) 2022 GLOBAL PARTNERS IN HOPE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

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instructions).

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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

 Section D - Distributions
 1

 1
 Amounts paid to supported organizations to accomplish exempt purposes
 1

 2
 Amounts paid to support of the pa

1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 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 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 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 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c.

and 4c.endend8Breakdown of line 7:endendaExcess from 2018endendbExcess from 2019endendcExcess from 2020endenddExcess from 2021endendeExcess from 2022endend

Schedule A (Form 990) 2022

Current Year

Schedule A	(Form 990) 2022	GLOBAL	PARTNERS	IN	HOPE
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rt VI	Form 990) 2022 GLOBAL PARTNERS IN HO	DPE 26-3186120 Pa
	Supplemental Information. Provide the explanations require Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6.	d by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; lb, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Also complete this part for any additional information.
	(See instructions.)	
		Schedule A (Form 990)

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Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

26-3186120

0	
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

GLOBAL PARTNERS IN HOPE

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

X 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 totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

(Forr	HEDULE D n 990) ment of the Treasury	Complete if the orga Part IV, line 6, 7, 8, 9, 10 A	al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990. 0 for instructions and the latest informatio	2	OMB No. 1545-0047		
Interna	I Revenue Service			pection			
Nam	e of the organizati	GLOBAL PARTNERS IN	HOPE	Em	10 - 26 - 31	cation number 86120	
Pa	rt I Organiza		d Funds or Other Similar Funds or	Accou			
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	(b) Fu	nds and other a	accounts	
1	Total number at e	nd of year					
2	Aggregate value o	of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advised				
			exclusive legal control?		Ye	es No	
6			dvisors in writing that grant funds can be us				
			r donor advisor, or for any other purpose co	•			
Pa	impermissible priv					es No	
			ganization answered "Yes" on Form 990, Pa	τιν, line /	· -		
1		servation easements held by the organization of land for public use (for example, recrea		historically	(important long	1 0100	
		of natural habitat	Preservation of a	-			
		n of open space		certineu fi		5	
2			ied conservation contribution in the form of	a conserva	ation easement	on the last	
-	day of the tax year					d of the Tax Year	
а				2a			
b							
с	-	-	ucture included in (a)				
d		vation easements included in (c) acquired a					
			-	2d			
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganizatior	during the tax		
	year						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of				
		forcement of the conservation easements it					
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation eas	ements during	the year	
-							
7	Amount of expens	ses incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation	n easemer	its during the y	ear	
8	Does each consor		e satisfy the requirements of section 170(h)(4)(B)(i)			
0	and section 170(h				T Ye	es 🗌 No	
9			on easements in its revenue and expense sta		·····		
•			note to the organization's financial statement				
		counting for conservation easements.	5				
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Othe	er Simila	ar Assets.		
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance s	sheet works		
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in furth	erance of	public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	-		8, to report in its revenue statement and bal				
			exhibition, education, or research in further	ance of pu	ublic service,		
		ing amounts relating to these items:			•		
~	.,				\$		
2	-		asures, or other similar assets for financial g	aın, provid	e		
-	-	unts required to be reported under FASB A on Form 990. Part VIII. line 1	SC 958 relating to these items:		\$		
d	nevenue included	UN FUITI 990, Fait VIII, III e I			J.		

		,
b	Assets included in Form 990,	Part X

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Schedule D (Form 990) 2022

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Sche		PARTNERS IN				6-318			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant us	se of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	-	•	-		e in Part)	KIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other simil	ar assets		-		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" o	on Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par								
1 a	Is the organization an agent, trustee, custodia						1		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:				Amount		
	De sinsis e la la se						Amouni		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •		103]
Par									<u>.</u>
		(a) Current year	(b) Prior year	(c) Two years back		ars back	(e) Four	years	back
1a	Beginning of year balance	50,000.	50,000.	50,000	. 5	0,000.		50,	000.
b	Contributions		· ·						-
c	Net investment earnings, gains, and losses								-
d	Grants or scholarships								-
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	50,000.	50,000.	50,000	. 5	0,000.		50,	000.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:	·				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment100	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for	the		F		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Fai	t VI Land, Buildings, and Equipm Complete if the organization answered		Dout IV line 110 C	an Form 000 Dart)	V line 10				
	1 6		<u> </u>	,	,		() = .		
	Description of property	(a) Cost or o		.,	Accumulated	1	(d) Bool	(valu	Э
	Level	basis (investr	Dasis	(other) c	lepreciation				
	Buildings								
	Leasehold improvements		1 0	3,932.	105,54	0	۵ ¢	3,3	92
	Equipment		<u>_</u>	5,554.	100,04		00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ 4 •
_	Other		V acture (D) // f				89	3,3	92
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part /</u>	<u>∧, coiumn (B), line 1</u>	UC./		chedule			
					3	chequie	וווידע ורטווז	, ລລດ)	2022

Schedule [0 (Form 990)) 2022	GLOBAL	PARTNERS	IN	HOPE	

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(b) Book value

 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 (b)
 (c)

 (2)
 (c)
 (c)

 (3)
 (c)
 (c)

 (4)
 (c)
 (c)

 (5)
 (c)
 (c)

 (6)
 (c)
 (c)

 (7)
 (c)
 (c)

 (8)
 (c)
 (c)

 (9)
 (c)
 (c)

 Total
 (c)
 (c)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 GLOBAL PARTNERS IN HOPE		26-3186120 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	. 2 b	
С	Other losses	. 2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE	PRINCIPAL	IS	то	REMAIN	PERMANENTLY	INTACT	AND	THE	INVESTMENT	INCOME
-----	-----------	----	----	--------	-------------	--------	-----	-----	------------	--------

FROM THE ENDOWMENT IS EXPENDABLE AS DETERMINED BY MANAGEMENT.

232054 09-01-22

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OMB No. 1545-0047
(Form 990)	Complete if the	or 16.	2022			
Department of the Treasury			Open to Public			
Internal Revenue Service	Go to _W	ww.irs.gov/Form	990 for instructions and the latest i	information.	F	Inspection
Name of the organization					Employer in	dentification number
GLOBAL PARTNERS					26-318	
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answe	red "Yes" on
Form 990, Part I						
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			. Yes No
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (c gram service, specific type (s) in the regic	expenditures for and investments
				BANK ACCOUN	IT HELD FOR	
				USE OF PROG		
CHINA	0	0	CHINESE BANK ACCOUNT HELD FOR USE OF PROGRAM SERVICES	DESCRIBED I LINE 4B.	N PART III	, 0.
	0	0	FOR USE OF FROGRAM SERVICES	DINE 4D.		
MALI AND TOG0,			PROGRAM SERVCIES TO	SEE 990, PA	RT III, LI	NE
AFRICA	0	1	INDIVIDUALS IN THE REGION	4A		634,239.
			PROGRAM SERVICES TO	SEE 990, PA	סייד די די	NE
CHINA	0	0	INDIVIDUALS IN THE REGION	4B 4C AND 4		21,575.
					-	,
3 a Subtotal	0	1				655,814.
b Total from continuation		-				
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	1				655,814.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Nam	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ecognized as charities by the f or counsel has provided a sect					
		other organizations of							

Page 2

Schedule F (Form 990) 2022

GLOBAL PARTNERS IN HOPE

26-3186120

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2022

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

BOTH THE CEO AND CONTROLLER HAVE SIGNIFICANT INVOLVEMENT IN THE REVIEWING

OF RECEIPTS AND DOCUMENTATION OF EXPENDITURES MADE FOR PROGRAM SERVICES

IN CHINA AND AFRICA.

PART I, LINE 3:

EXPENDITURES ARE RECORDED IN ITS ACCOUNTING SYSTEM THROUGH THE

DOCUMENTATION AND RETENTION OF RECEIPTS BY WORKERS IN FOREIGN COUNTRIES

WHO IN TURN SEND ALL RECEIPTS AND DOCUMENTATION TO THE ACCOUNTING

DEPARTMENT IN THE UNITED STATES.

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.

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

Open to Public Inspection Employer identification number

26-3186120

OMB No. 1545-0047

GLOBAL PARTNERS IN HOPE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES IN VARIOUS ASPECTS OF LIFE AND SELF-IMPROVEMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ULTIMATELY THESE MEDICAL FACILITIES AND WELLS WILL SERVE A POPULATION

OF APPROXIMATELY 54,000 PEOPLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DIRECTORS REALIZED OPERATIONS IN CHINA WERE HALTED. THIS CONTINUED ON

UNTIL 2022, THIS LEAD TO A DECISION TO CLOSE DOWN THE MISSION IN CHINA.

THIS PROCESS WOULD BE COMPLETED IN APRIL 2023.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT, CONTROLLER AND ACCOUNTING STAFF PERFORMED A REVIEW OF THE

990 AND SUBMITTED IT TO ALL BOARD MEMBERS FOR THEIR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION IS MONITORING COMPLIANCE WITH THE POLICY THROUGH THE BOARD

37

OF DIRECTORS INVOLVEMENT, THROUGH REVIEW OF MAJOR TRANSACTIONS, AND

OVERSIGHT OF ACTIVITIES.

FORM 990, PART VI, SECTION C, LINE 19:

THE INFORMATION WILL BE MADE AVAILABLE FOR INSPECTION UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22