| Form 990 (Rev. January 2020) |
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| Department of the Treasury Internal Revenue Service |

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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<u>20</u> <u>19</u> Open to Public Inspection

OMB No. 1545-0047

| | Do not enter social secul | rity numbers on this form as it may be made public. |
|--|--------------------------------|---|
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/For | m990 for instructions and the latest information. |
| A For the 2019 calend | ar year, or tax year beginning | and ending |

| АГ | | and and a sear or tax year beginning and | enuing | | |
|--------------------------------|--------------------|---|---------------|------------------------------|-----------------------------|
| B Cl | heck if plicabl | C Name of organization | | D Employer identific | ation number |
| | Addre chang | GE2P2 GLOBAL FOUNDATION | | | |
| | Name | | | 81-290134 | 44 |
| | Initial | • | Room/suite | | |
| | return Final | Number and street (or P.0. box if mail is not delivered to street address) 605 WEST UPSAL STREET | 300 | E Telephone number | |
| | return. termin | | 500 | | |
| | ated Amen | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 289,322. |
| | return Applic | PHILADELPHIA, PA 19119 | | H(a) Is this a group re | |
| | tion | P Name and address of principal officer. DAVID R. CORRI | | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| | | Sempt status: X 501(c)(3) 501(c) () 4947(a)(1) Note: X | or 527 | 1 | list. (see instructions) |
| | | te: WWW.GE2P2.ORG | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 2016 N | State of legal domicile: DE |
| Fa | rt I | Summary | | | |
| ø | | Briefly describe the organization's mission or most significant activities: ADVA | | | RIGOR AND |
| Governance | | ETHICAL RESILIENCE IN RESEARCH AND EVIDEN | | | |
| , Line | 2 | Check this box if the organization discontinued its operations or disposed of the organization of the organization discontinued its operations of the organization discontinued its operations. | sed of more | than 25% of its net ass | |
| Š | | | | | 9_ |
| Ō | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 8 |
| 8 8 | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a), | | 5 | 0 |
| Ę | | Total number of volunteers (estimate if necessary) | | | 57 |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| Ā | | | | | 0. |
| | | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 103,941. | 89,322. |
| ne | | Program service revenue (Part VIII, line 2g) | | 331,005. | 200,000. |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| ۳, | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 434,946. | 289,322. |
| - | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 2,000. |
| | | | | 0. | 0. |
| | | Benefits paid to or for members (Part IX, column A), line 4) Salaries, other compensation, employee penefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| ses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Expenses | | | 0. | 0. | |
| X | | Total fundraising expenses (Part IX, column (D), line 25) | | 388,903. | 230,285. |
| - | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 388,903. | 232,285. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 46,043. | 57,037. |
| Net Assets or -und Balances | | | Be | ginning of Current Year | End of Year |
| set | | Total assets (Part X, line 16) | | 97,309. | 189,358. |
| t As | 21 | Total liabilities (Part X, line 26) | | 446. | 35,458. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 96,863. | 153,900. |
| | rt II | Signature Block | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | | | knowledge and belief, it is |
| <u>true,</u> | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | hich preparer | has any knowledge. | |
| | | David Cuppy DocuSign | | 10/23 | /2020 |

| | David urr | <u>ل Docusign</u> | | <u>10/23/2020</u> |) | |
|-----------|--|-------------------------|----------|-------------------------|------------|----|
| Sign | Signature of officer | F | Date | | | |
| Here | ▶ DAVID R. CURRY, PRESID | ENT & CEO | | | | |
| | Type or print name and title | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check P | TIN | |
| Paid | CONNIE M. LIRA | CONNIE M. LIRA | 10/17/20 | self-employed P0 | 0481097 | |
| Preparer | Firm's name CLIFTONLARSONALL | EN LLP | Firm's | s EIN ▶ 41-0 | 746749 | |
| Use Only | Firm's address 🖕 610 W GERMANTOWN | PIKE, SUITE 400 | | | | |
| | PLYMOUTH MEETING | , PA 19462 | Phon | e no. (215) | 643-390 | 0 |
| May the I | RS discuss this return with the preparer shown abo | ove? (see instructions) | | X | Yes | No |
| | | | | | - 000 /a.a | |

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| | 990 (2019) GE2P2 GLOBAL FOUNDATION 81-2901344 Page 2 t III Statement of Program Service Accomplishments |
|----|--|
| | |
| | Check if Schedule O contains a response or note to any line in this Part III |
| | Briefly describe the organization's mission: |
| | THE MISSION OF GE2P2 GLOBAL FOUNDATION (FOUNDATION) IS TO ADVANCE |
| | ETHICAL AND SCIENTIFIC RIGOR IN RESEARCH AND EVIDENCE GENERATION |
| | ACROSS HUMAN RIGHTS, HUMANITARIAN RESPONSE, HEALTH, EDUCATION, |
| | HERITAGE STEWARDSHIP, AND DEVELOPMENT. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| | |
| | 3 3 3 3 3 3 3 |
| | If "Yes," describe these changes on Schedule O. |
| | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 214,068. including grants of \$ 2,000.) (Revenue \$ 200,000. |
| | THE FOUNDATION OPERATES THROUGH A PORTFOLIO OF CENTERS AND PROGRAMS TO |
| | FOCUS THE WORK AND ENGAGES THE COMPETENCIES, EXPERIENCE, AND INSIGHTS |
| | OF A GLOBAL NETWORK OF ELECTED "FELLOWS" OF THE FOUNDATION. FELLOWS |
| | WILL INCLUDE ACADEMIC, AGENCY AND GOVERNMENT LEADERS, FIELD |
| | PRACTITIONERS, SCIENTISTS, RESEARCHERS, ETHICISTS, DOMAIN AND CULTURAL |
| | CONTEXT EXPERTS, SCHOLARS IN THE SOCIAL AND BIG SCIENCES AND THE |
| | |
| | HUMANITIES, KNOWLEDGE MANAGEMENT EXPERTS, AND MANY OTHERS. DURING 2019 |
| | THE FOLLOWING CENTERS WERE ACTIVE: (1) CENTER FOR VACCINE ETHICS AND |
| | POLICY (CVEP), (2) CENTER FOR DISASTER AND HUMANITARIAN ETHICS (CDHE), |
| | (3) CENTER FOR ETHICS AND POLICY ON ACCESS TO MEDICINES (CEPAM). |
| | |
| | CONTINUED ON SCHEUDLE O. |
| 4b | (Code:) (Expenses \$ including gran S of \$) (Revenue \$ |
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| 4. | |
| 4C | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| | Other program services (Describe on Schedule O.) |
| 4d | |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 214,068. |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) |

| Form | aan | (2019) |
|-------|-----|--------|
| FUIII | 990 | 120191 |

| | | | Yes | No |
|--------|---|------------|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | x |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| ~ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V. | 11b | | x |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | <u> </u> |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| Ь | Did the organization report an amount for other assets in Part X, ine 15, that is 5% or more of its total assets reported in | | | <u> </u> |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| ~ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 100 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | - 23 | |
| 120 | | 12a | | x |
| h | Schedule D, Parts XI and XII | 12a | | - 23 |
| b | | 12b | | x |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | | |
| a | 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 | 4.4% | | x |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | <u> </u> |
| 15 | | 45 | | v |
| 40 | 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 | | | v |
| | 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 | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | - v |
| | 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 |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | x |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | X |
| 932003 | 01-20-20 | Form | 990 | (2019) |

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Form **990** (2019)

2019.04030 GE2P2 GLOBAL FOUNDATION 097-1031

| | | | Yes | No |
|--------|---|----------|-------|--------------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | .03 | 1.10 |
| | 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 | <u> </u> | | <u> </u> |
| | 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 | <u> </u> | | |
| | 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 | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| • | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| 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 | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committive member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? Is "yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | Х | <u> </u> |
| 29 | Did the organization receive more than \$25,000 in non-cish 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 ciscolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 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 | | X |
| 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 | | <u> </u> |
| 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 | <u></u> |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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 | | <u> </u> |
| 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 | | X |
| 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 77 | |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | <u> </u> |
| rai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | V | |
| 4 | Enter the number reported in Roy 2 of Form 1006. Enter 0, if not emplicable | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a4Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0 | 1 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| C | (gambling) winnings to prize winners? | 1c | | |
| 932004 | | | 990 | <u> </u> (2019) |
| 552002 | 4 | 1 0111 | | (C) (D) |

2019.04030 GE2P2 GLOBAL FOUNDATION 097-1031

| Form | 990 (2019) GE2P2 GLOBAL FOUNDATION 81-2901 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 344 | P | age 5 |
|--------|--|-----|-----|--------------|
| T ai | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | V. | |
| 0- | | | Yes | No |
| za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| h | filed for the calendar year ending with or within the year covered by this return 2a U If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| b | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions) | 20 | | |
| 32 | | 3a | | x |
| | If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O | 3b | | <u> </u> |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 0.0 | | <u> </u> |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, find the organization file Form 8899 as required? | 7g | | <u> </u> |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | • | | |
| • | sponsoring organization have excess business holdings at any time ouring the year? | 8 | | <u> </u> |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| a b | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | <u> </u> |
| 10 | Section 501(c)(7) organizations. Enter: | 30 | | |
| | Initiation fees and capital contributions includer on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | x |
| . – | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | ├── |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | v |
| | excess parachute payment(s) during the year? | 15 | | X |
| 40 | If "Yes," see instructions and file Form 4720, Schedule N. | 40 | | x |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2019)

932005 01-20-20

| Form 990 (| 2019) |
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GE2P2 GLOBAL FOUNDATION

81-2901344 Page **6**

| F0111 990 (4 | | | 201044 | Page • |
|--------------|--|----------|---------------------|--------|
| Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b t | below, a | and for a "No" resp | oonse |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru- | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Χ |

| | tion A. Governing Body and Management | | | Yes | N |
|--------|--|-------------------------|----------------|--------------|------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 9 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 8 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | - | | |
| - | officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | – | | + |
| 0 | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asso | | ····· | | X |
| 5 6 | | | | | X |
| | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | |
| 7a | | | 70 | | X |
| Ŀ | more members of the governing body? | | <u>7a</u> | | 1 |
| D | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | · | | | x |
| ~ | persons other than the governing body? | | 7b | | |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | , , | | v | |
| a | The governing body? | | | X | X |
| | Each committee with authority to act on behalf of the governing body? | | <u>8b</u> | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedul 20 | | 9 | | |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | venue Code.) | | 1 | 1 |
| | í Original de la construcción de la | | | Yes | _ |
| | Did the organization have local chapters, branches, or affiliates? | | <u>10a</u> | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | apters, affiliates, | | | |
| | | | | | _ |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | before filing the forn | 1? 11 a | X | |
| | Describe in 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 | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conflicts? | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," describe | | | |
| | in Schedule O how this was done | | 120 | : | X |
| 3 | Did the organization have a written whistleblower policy? | | 13 | | X |
| 4 | Did the organization have a written document retention and destruction policy? | | | | X |
| 5 | Did the process for determining compensation of the following persons include a review and approval | by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | X |
| | Other officers or key employees of the organization | | | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | ent with a | | | |
| | taxable entity during the year? | | 16a | | X |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | |
| 2 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | | | | |
| | exempt status with respect to such arrangements? | | 16 | | |
| ec | tion C. Disclosure | | 106 | | |
| | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$ | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | d 000 T (Section 501 | (c)(3)c only | | ablo |
| 0 | | Gection 201 | |) avalla | able |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain) | | | | |
| ^ | | on Schedule O) | (and for | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con | milet of interest polic | , and fina | ICIAI | |
| _ | statements available to the public during the tax year. | | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and records | | | |
| | THE ORGANIZATION - 267-251-2305 | 0110 | | | |
| | 605 WEST UPSAL STREET, NO. 300, PHILADELPHIA, PA 1 | 9119 | | | |
| | 01-20-20 | | Гол | m 990 | (20) |

| Form 990 (| |
|------------|-----|
| Part VII | Coi |

Т

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |
|----------|---|
| | Employees, and Independent Contractors |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Т

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|-------------------------------------|---|--------------------------------|--|------------|--------------|---------------------------------|-----------|---------------------------------|-----------------|--------------------------|
| Name and title | Average Position (do not check more than one | | ne | Reportable | Reportable | Estimated | | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | | | | | i/uus | ee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | rustee | trus | | ee | n pe n: | | (00-2/1059-00130) | | and related |
| | below | dual ti | itiona | | nploy | st cor yee | - | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | o.gam_anono |
| (1) DAVID R. CURRY, MS | 8.00 | | | | | | | 0 | | |
| PRESIDENT & CEO | 8.00 | Х | | Х | | | .0 | 0. | 0. | 0. |
| (2) JOSEPH G. TRAINOR, CPA | 1.00 | | | | | . (| 5 | | | |
| TREASURER | 1.00 | X | | X | | | | 0. | Ο. | 0. |
| (3) ARTHUR L. CAPLAN, PHD | 1.00 | | | | 50 | 2 | | | | |
| FOUNDING DIRECTOR | 3.00 | x | | 5 | 0 | | | 0. | Ο. | 0. |
| (4) JESTINA DOE ANDERSON, PHD | 1.00 | | C | 57 | | | | | | |
| DIRECTOR | 0.00 | X | \sim | Í | | | | 0. | Ο. | 0. |
| (5) CYNTHIA COX-ROMAN | 1.00 | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | Ο. | 0. |
| (6) KRISTIN A. FEEMSTER, MD, MPH, M | 1 20 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (7) ROBERT I. FIELD, PHD, MPH, JD | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (8) DONAL O'MATHUNA, PHD | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (9) BARBARA K. REDMAN, PHD, MBE | 4.00 | | | | | | | | | |
| DIRECTOR | 3.00 | Х | | | | | | 0. | 0. | 0. |
| (10) NAMBUSI KYEGOMBE | 1.00 | | | | | | | | | |
| DIRECTOR THROUGH SEPT 2019 | 0.00 | Х | | | | | | 0. | 0. | 0. |
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| 932007 01-20-20 | | | | | | | | | | Form 990 (2019) |

932007 01-20-20

| | 990 (2019) GE2P2 GL0 | DBAL FOU | ND | AT | 'IO | Ν | | | | 81-29 | 0134 | 14 | Page 8 |
|--------|--|--|--|------------------------|---|---|---------------------------------|-----------------------------------|--|--------------------------------|----------|--|------------------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | |
| | (A) Name and title | (B) Average hours per week | Average Position (do not check more than one box, unless person is both an week officer and a director/trustee) | | (D) Reportable compensation from | (E) Reportable compensation from related | | (F Estim amou oth | ated nt of er | | | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | iC) | from from organiz and re organiz | the zation lated |
| | | | | | | | | | | | | | |
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| | | | | | | | . (| 8 | | | | | |
| 1b | Subtotal | | | | | | | | 0. | | 0. | | 0. |
| с | Total from continuation sheets to Part VI | I, Section A | | | 0 | 0 | | | 0. | | 0. | | 0. |
| d 2 | Total (add lines 1b and 1c) | | | _ | <u>2</u> d ab | |) wh | ► o re | 0. | 000 of reportable | 0. | | 0. |
| _ | compensation from the organization | | | in sto | uus | .010 | , | 010 | | | | | 0 |
| • | | | | | | | | la i ai | | | | Ye | s No |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | x |
| 4 | For any individual listed on line 1a, is the su | im of reportabl | e co | mpe | ensa | tion | and | oth | er compensation from t | he organization | | - | |
| _ | and related organizations greater than \$150 | | | | | | | | | | | 4 | X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com | | | | | | | | | | | 5 | x |
| Sec | tion B. Independent Contractors | | , | <i>JI 3</i> L | | 5013 | 011 . | | | | | • | 1 |
| 1 | Complete this table for your five highest control the organization. Report compensation for the second seco | • | • | | | | | | | • | ensatior | n from | |
| | (A) | ine calendar ye | | nuii | ig w | | | | (B) | | | (C) | |
| | Name and business | address | NC | ONE | 2 | | | | Description of s | ervices | Con | npensa | tion |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii | • | ot lin | nitec | d to f | thos (| | ted | above) who received mo | ore than | | | |
| | \$100,000 of compensation from the organiz | | | | | Ľ | , | | | | Fo | orm 99 |) (2019) |

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| b d e f g h a b c d e f | | outions) grants, and above nes 1a-1f | 1b 1c 1d 1e 1 1f 1g \$ | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclud from tax unde sections 512 - 5 |
|--|---|--|---|---|--|--|---|---|--|
| b d e f g h a b c d e f | Membership dues Fundraising events Related organizations Government grants (contrib All other contributions, gifts, g similar amounts not included a Noncash contributions included in lin Total. Add lines 1a-1f | outions) grants, and above nes 1a-1f | 1b 1c 1d 1e 1 1 1 1 5 | | | | | | |
| c d f g <u>h</u> ab c d e f | Membership dues Fundraising events Related organizations Government grants (contrib All other contributions, gifts, g similar amounts not included a Noncash contributions included in lir Total. Add lines 1a-1f | outions) grants, and above nes 1a-1f | 1b 1c 1d 1e 1 1f 1g \$ | | | | | | |
| d e f g h c d e f | Related organizations Government grants (contrib All other contributions, gifts, g similar amounts not included a Noncash contributions included in lir Total. Add lines 1a-1f CONSULTING SEF | outions) grants, and above nes 1a-1f | 1d 1e 1f 1g \$ | | | | | | |
| e f g h c d e f | Government grants (contrib All other contributions, gifts, g similar amounts not included a Noncash contributions included in lir Total. Add lines 1a-1f CONSULTING SEF | outions) grants, and above nes 1a-1f | 1e 1f 1g \$ | | | | | | |
| f g h b c d e f | All other contributions, gifts, g similar amounts not included a Noncash contributions included in lir Total. Add lines 1a-1f | rants, and above nes 1a-1f | d 1f 1g \$ | | | | | | |
| g h b c d e f | similar amounts not included a Noncash contributions included in lir Total. Add lines 1a-1f CONSULTING SEF | above nes 1a-1f | 1f 1g \$ | | | | | | |
| a b c d f | Noncash contributions included in lir Total. Add lines 1a-1f CONSULTING SEF | nes 1a-1f | 1g \$ | | | | | | |
| a b c d f | Total. Add lines 1a-1f | | | | 89,322. | | | | |
| a b c d e f | CONSULTING SEF | | | | | 00 200 | | | |
| b c d e f | | | <u></u> | | | 89,322. | | | |
| b c d e f | | | 70 | - | Business Code 541900 | 200,000. | 200 000 | | |
| c d e f | | | | _ | 541900 | 200,000. | 200,000. | | |
| d e f | | | | | | | | | |
| e f | | | | | | | | | |
| | | | | — | | | | | |
| | All other program service re | evenue | | _ | | | | | |
| | Total. Add lines 2a-2f | | | _ | | 200,000. | | | |
| | Investment income (includi | | | | | 4 | 2 | | |
| | other similar amounts) | | | | > | - C | R · | | |
| | Income from investment of | | | | | \square | | | |
| | Royalties | | | | ► | | | | |
| | | | (i) Real | | (ii) Personal | | | | |
| а | | <u>6a</u> | | | | C. | | | |
| | • • • • • | <u>6b</u> | | | | 25 | | | |
| | · · · · | 6c | | | | | | | |
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| а | | | Securitie | 85 | (II) Chiver | | | | |
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| | Part IV, line 18 | | | 8a | | | | | |
| | | | | 8b | | | | | |
| с | Net income or (loss) from fu | undraisir | ng event | s. | ► | | | | |
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| | | | | | | | | | |
| С | Net income or (loss) from s | ales of ir | nventory | / | | | | | |
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| a b | | | | | | | | | |
| с 2 | | | | _ | | | | | |
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| d | | | | | | | <u> </u> | | |
| | Total. Add lines 11a-11d | | | | ► | 1 | | | |
| | diaabo cdaabo ccaabo ccaabo ccaabo ccaabo | d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Gross income from fundraisin including \$ c contributions reported on I Part IV, line 18 b Less: direct expenses c Net income or (loss) from fra Gross sales of inventory, leand allowances b Less: cost of goods sold c Net income or (loss) from s and allowances b Less: cost of goods sold c Net income or (loss) from s | d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses a Gain or (loss) c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events including \$ c contributions reported on line 1c). part IV, line 18 Deces: direct expenses c Net income or (loss) from fundraisiin a Gross income from gaming activitie Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming a direct expenses c Net income or (loss) from gaming a direct expenses c Net income or (loss) from sales of i part IV, line 19 Less: cost of goods sold c Net income or (loss) from sales of i c Net income or (loss) from sales of i c All other revenue | d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) c Tc d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising event a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory | d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory | d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See part IV, line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events b Less: direct expenses c She c Net income or (loss) from gaming activities. See part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory | d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Ross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Ross sales of inventory, less returns and allowances a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory | d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) c Gain or (loss) d Net gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses c Gross sales of inventory, less returns and allowances a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Set income or (loss) from sales of inventory b Less: cost of goods sold c H income or (loss) from sales of inventory b Less: Cost of goods sold c H income or (loss) from sales of inventory b Less: Cost of goods sold c Gain come or (loss) from sales of inventory | d Net rental income or (loss) a Gross amount from sales of assets other than inventory b Less: cost or other basis a Gain or (loss) 7a 7b 7c 7c |

GE2P2 GLOBAL FOUNDATION

Form 990 (2019)

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| Form | 990 | (2019) |) |
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 Form 990 (2019)
 GE2P2
 GLOBAL
 FOUNDATION

 Part IX
 Statement of Functional Expenses
 .

| | (c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response | | | | |
|----------------|---|------------------------------|---|---|---------------------------------------|
| | ude amounts reported on lines 6b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants | and other assistance to domestic organizations | | | | |
| and do | omestic governments. See Part IV, line 21 | 2,000. | 2,000. | | |
| 2 Grant | s and other assistance to domestic | | | | |
| individ | duals. See Part IV, line 22 | | | | |
| Grant | s and other assistance to foreign | | | | |
| | izations, foreign governments, and foreign | | | | |
| | duals. See Part IV, lines 15 and 16 | | | | |
| 4 Benef | fits paid to or for members | | | | |
| | pensation of current officers, directors, | | | | |
| | es, and key employees | | | | |
| | ensation not included above to disqualified | | | | |
| | ns (as defined under section 4958(f)(1)) and | | | | |
| | ns described in section 4958(c)(3)(B) | | | | |
| | salaries and wages | | | | |
| | on plan accruals and contributions (include | | | | |
| | n 401(k) and 403(b) employer contributions) | | ÷ | | |
| | employee benefits | | | | |
| | ll taxes | | | | |
| | for services (nonemployees): | | COX | | |
| | gement | | \bigcirc | | |
| | ····· - | 12,127. | 11,521. | 606. | |
| | unting | 12,12/• | | 000. | |
| | ying | | | | |
| | sional fundraising services. See Part IV, line 17 | | | | |
| | tment management fees | R | | | |
| - | (If line 11g amount exceeds 10% of line 25, | 96,831. | 91,989. | 4,842. | |
| | n (A) amount, list line 11g expenses on Sch O.) | 50,051. | 51,505. | 4,042. | |
| | tising and promotion | 3,470. | 1,604. | 1,866. | |
| | expenses | 660. | 66. | 594. | |
| | | | | 554. | |
| | | | | | |
| Trave | pancy | 26,452. | 21,218. | 5,234. | |
| | ents of travel or entertainment expenses | 20,4520 | 21,210. | 5,251. | |
| | y federal, state, or local public officials | | | | |
| | erences, conventions, and meetings | | | | |
| Intere | | | | | |
| | ents to affiliates | | | | |
| | eciation, depletion, and amortization | | | | |
| Insura | | 4,282. | | 4,282. | |
| | expenses. Itemize expenses not covered | 1,202. | | 1,2023 | |
| above | (List miscellaneous expenses on line 24e. If | | | | |
| | e amount exceeds 10% of line 25, column (A) nt, list line 24e expenses on Schedule 0.) | | | | |
| a EVE | | 85,670. | 85,670. | | |
| | CATION | 600. | , | 600. | |
| | ES & LICENSES | 193. | | 193. | |
| d <u>11111</u> | | | | | |
| - | ner expenses | | | | |
| | functional expenses. Add lines 1 through 24e | 232,285. | 214,068. | 18,217. | (|
| | costs. Complete this line only if the organization | | _, | . , | |
| | ed in column (B) joint costs from a combined | | | | |
| | tional campaign and fundraising solicitation. | | | | |
| | here if following SOP 98-2 (ASC 958-720) | | | | |

932010 01-20-20

10 2019.04030 GE2P2 GLOBAL FOUNDATION

Form **990** (2019)

10341017 131839 097-103433-00

| orm 990 Part X | 0 (2019) GE2P2 GLOBAL FOUNDATION | | 81-3 | 901344 Page 1 |
|---|--|--|------|---------------------------|
| | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 96,309. | 1 | 88,358 |
| 2 | | | 2 | |
| 3 | | | 3 | |
| 4 | | | 4 | 100,000 |
| 5 | | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | | 5 | |
| 6 | | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| ω 7 | | | 7 | |
| Assets | | | 8 | |
| ¥ 9 | | | 9 | |
| | a Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a | | | |
| | b Less: accumulated depreciation 10b | | 10c | |
| 11 | | | 11 | |
| 12 | | | 12 | |
| 13 | | | 13 | |
| 14 | | | 14 | |
| | 0 | 1,000. | 14 | 1,000 |
| 15 | , | 97,309. | 16 | 189,358 |
| 16 | | 446. | 17 | 35,458 |
| 17 | | 110. | 18 | |
| 18 | | | 19 | |
| 19 | | | | |
| 20 | | | 20 | |
| 21 | | | 21 | |
| <u>ده</u> 22 | | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | | 22 | |
| 23 | | | 23 | |
| 24 | | | 24 | |
| 25 | | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | | 25 | |
| 26 | | 446. | 26 | 35,458 |
| ω | Organizations that follow FASB ASC 958, check here 🕨 🗴 | | | |
| e l | and complete lines 27, 28, 32, and 33. | 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0 | | 152 000 |
| | | 96,863. | 27 | 153,900 |
| <u>8</u> 28 | | | 28 | |
| <u> </u> | Organizations that do not follow FASB ASC 958, check here | | | |
| - | and complete lines 29 through 33. | | | |
| 2 29 | | | 29 | |
| l 20 20 | | | 30 | |
| Net Assets or Fund Balances 87 88 88 88 88 87 90 87 90 86 90 87 90 86 90 87 90 80 90 80 80 80 80 80 80 80 80 80 80 80 80 80 | | | 31 | |
| ē 32 | | 96,863. | 32 | 153,900 |
| 33 | | 97,309. | 33 | 189,358 |

Form **990** (2019)

| Form | 1990 (2019) GE2P2 GLOBAL FOUNDATION | 81-29013 | 44 | Pag | _{je} 12 |
|------|--|----------|--------|------|------------------|
| Pa | rt 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 | 289 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 232 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 37. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 96 | ,86 | 63. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 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 | 153 | ,90 | <u>)).</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | - | ` | /es | 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 in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o | na | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and serance basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | _ | <u>X</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate I | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consclicate and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an incependent accountant? | | 2c | _ | <u>X</u> |
| - | If the organization changed either its oversight process or selection process during the tax year, explain on Scher | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | | | | 37 |
| - | Act and OMB Circular A-133? | ····· | 3a | | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | 0010 |
| | "bn | | Form S | 90 (| 2019) |

| SCHE | DUL | .E A |
|------|-----|------|
|------|-----|------|

Department of the Treasury Internal Revenue Service

Ρ

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

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

| Name | e of the organization | | | | | | Employer | identification number |
|--------|--|-----------------------------------|--|-----------------|------------------|---------------------------------|---------------|---|
| | GE21 | 2 GLOBAL F | OUNDATION | | | | 8 | 1-2901344 |
| Parl | t I Reason for Public | Charity Status (| All organizations must co | mplete th | is part.) Se | ee instructions | 3. | |
| The or | rganization is not a private foun | dation because it is: (| For lines 1 through 12, cl | neck only | one box.) | | | |
| 1 [| A church, convention of cl | nurches, or associatio | on of churches described | in sectio | on 170(b)(1 | 1)(A)(i). | | |
| 2 | A school described in sec | tion 170(b)(1)(A)(ii). | Attach Schedule E (Form | 1 990 or 99 | 90-EZ).) | | | |
| з [| A hospital or a cooperative | e hospital service orga | anization described in se | ection 170 |)(b)(1)(A)(ii | ii). | | |
| 4 [| A medical research organi | zation operated in co | njunction with a hospital | described | l in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | city, and state: | | | | | | | |
| 5 [| An organization operated | for the benefit of a co | llege or university owned | or operat | ed by a go | overnmental u | nit describe | ed in |
| | section 170(b)(1)(A)(iv). (| Complete Part II.) | | | | | | |
| 6 [| A federal, state, or local go | overnment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 [| An organization that norm | ally receives a substa | ntial part of its support fr | om a gove | ernmental | unit or from th | ne general j | oublic described in |
| | section 170(b)(1)(A)(vi). (| Complete Part II.) | | | | | | |
| 8 | A community trust describ | ed in section 170(b) | (1)(A)(vi). (Complete Parl | : II.) | | | | |
| 9 [| An agricultural research or | ganization described | in section 170(b)(1)(A)(i | x) operate | ed in conju | unction with a | land-grant | college |
| | or university or a non-land | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | or |
| | university: | | | | <u> </u> | | | |
| 10 🗌 | X An organization that norm | ally receives: (1) more | than 33 1/3% of its supp | port from a | conitibutio | ns, membersl | nip fees, an | d gross receipts from |
| | activities related to its exe | mpt functions - subje | ct to certain exceptions, | and (2) nc | more than | n 33 1/3% of i | ts support t | from gross investment |
| | income and unrelated bus | iness taxable income | (less section 511 tax) fro | m but ine | ses acqui | red by the org | anization a | after June 30, 1975. |
| | See section 509(a)(2). (Co | omplete Part III.) | | \sim | | | | |
| 11 🗌 | An organization organized | and operated exclus | ively to test for public sa | et /. See | section 50 | 09(a)(4). | | |
| 12 🗌 | An organization organized | and operated exclus | ively for the benefit ct, to | perform t | he functio | ns of, or to ca | rry out the | purposes of one or |
| | more publicly supported o | rganizations describe | ed in section 50؟()،)(1) o | r section | 509(a)(2). | See section | 509(a)(3). (| Check the box in |
| | lines 12a through 12d that | describes the type o | f supporting c ganizatior | and com | plete lines | 12e, 12f, and | 12g. | |
| а | Type I. A supporting org | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), t | pically by | giving |
| | the supported organizat | ion(s) the power to re | gularly ລາບoint or elect a | majority c | of the direc | tors or truste | es of the su | upporting |
| | organization. You must | complete Part IV, Se | ections A and B. | | | | | |
| b | Type II. A supporting or | ganization supervised | ! ວະ controlled in connect | ion with it | s supporte | ed organizatio | n(s), by hav | ving |
| | control or management | of the supporting org | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | organization(s). You mu | st complete Part IV, | Sections A and C. | | | | | |
| С | Type III functionally int | egrated. A supportin | g organization operated | in connect | tion with, a | and functional | ly integrate | ed with, |
| | its supported organization | on(s) (see instructions |). You must complete F | Part IV, Se | ections A, | D, and E. | | |
| d | Type III non-functional | ly integrated. A supp | porting organization oper | ated in co | nnection v | vith its suppo | ted organiz | zation(s) |
| | that is not functionally in | tegrated. The organiz | zation generally must sati | sfy a distr | ibution red | quirement and | l an attentiv | /eness |
| | requirement (see instruc | tions). You must cor | nplete Part IV, Sections | A and D, | and Part | ۷. | | |
| е | Check this box if the org | anization received a | written determination from | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | , , | | nally integrated supportir | ng organiz | ation. | | | |
| | Enter the number of supported | 0 | | | | | | |
| g | Provide the following information (i) Name of supported | on about the supporte (ii) EIN | ed organization(s). (iii) Type of organization | (iv) Is the oro | anization listed | (u) Amount of | fmonoton | (vi) Amount of other |
| | organization | | (described on lines 1-10 | in your govern | ing document? | (v) Amount o support (see ir | - | (vi) Amount of other support (see instructions) |
| | organization | | above (see instructions)) | Yes | No | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 13

Total

Schedule A (Form 990 or 990-EZ) 2019 GE2P2 GLOBAL FOUNDATION Part II Support Schedule for Organizations Described in Section

81-2901344 Page 2

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------|-----------------|----------------------|--------------------------|--------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| - | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | 1 | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | 8 | | |
| | ction B. Total Support | | | 0 | 2 | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017) | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | | (2) 2010 | | | | (1) 1 0 101 |
| 8 | Gross income from interest, | | | | | | |
| - | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | D. | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | S | | | | |
| 5 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | C | | | | |
| 10 | Other income. Do not include gain | | <u> </u> | | | | |
| 10 | or loss from the sale of capital | 0 | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 44 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | | | | | | 12 | |
| | First five years. If the Form 990 is for | · | , | d fourth or fifth to | av vear as a section | · · · · · | |
| 10 | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2019 (I | | | olumn (f)) | | 14 | % |
| | Public support percentage from 2018 | | • | | | 15 | % |
| | 33 1/3% support test - 2019. If the o | | | | | · · · · | |
| | stop here. The organization qualifies | - | | | | | |
| h | 33 1/3% support test - 2018. If the o | | • | | | | |
| ~ | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | - | - | - | |
| L | 10% -facts-and-circumstances test | - | - | | | 17a and line 15 is | |
| D. | more, and if the organization meets the | - | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| 10 | | an alla not check a | | u, 100, 17a, 01 171 | | | 0 or 990-EZ) 2019 |

Schedule A (Form 990 or 990-EZ) 2019 GE2P2 GLOBAL FOUNDATION

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

81-2901344 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | | | | | |
|----------|--|----------------------|------------------------|------------------------|---------------------|----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | 36,771. | 156,941. | 103,941. | 89,322. | 386,975. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | 71,500. | 331,005. | 200,000. | 602,505. |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| - | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | 36,771. | 228 441 | 434,946. | 289,322. | 989,480. |
| | Amounts included on lines 1, 2, and | | 50,771. | 220,111. | 131,510. | | 505,4000 |
| 1 a | 3 received from disqualified persons | | 15,000. | 154 750 | 102,750. | 86,250. | 358,750. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | 10,000 | | 10277500 | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | 55,500. | 321,005. | 195,000. | 572,505. |
| | Add lines 7a and 7b | | 15,000. | 211,250. | 423,755. | 281,250. | 931,255. |
| 8 Sec | Public support. (Subtract line 7c from line 6.) | | 00 |) | | | 58,225. |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2013 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | 36,771. | 228,441. | 434,946. | 289,322. | 989,480. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses | "P" | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | 36,771. | 228,441. | 434,946. | 289,322. | 989,480. |
| 14 | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | x year as a sectior | 1 501(c)(3) organiza | ition, |
| | check this box and stop here | <u></u> | | | | | X |
| Sec | ction C. Computation of Public | c Support Per | centage | | | | |
| 15 | Public support percentage for 2019 (li | ne 8, column (f), di | ivided by line 13, c | olumn (f)) | | 15 | % |
| | Public support percentage from 2018 | | 1 | | | 16 | % |
| Sec | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 | 19 (line 10c, colum | nn (f), divided by lir | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2 | 2018 Schedule A, I | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2019. If the | organization did n | ot check the box o | on line 14, and line | 15 is more than 3 | 3 1/3%, and line 17 | ' is not |
| | more than 33 1/3%, check this box an | id stop here. The | organization qualif | ies as a publicly su | upported organizat | tion | ▶□] |
| b | 33 1/3% support tests - 2018. If the | | | | | | |
| | line 18 is not more than 33 1/3%, chee | | | | | | |
| 20 | Private foundation. If the organizatio | n did not check a b | box on line 14, 19a | a, or 19b, check th | | | |
| 93202 | 23 09-25-19 | | 15 | | Sche | edule A (Form 990 | or 990-EZ) 2019 |

^{2019.04030} GE2P2 GLOBAL FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 GE2P2 GLOBAL FOUNDATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

1

2

3a

Yes No

Schedule A (Form 990 or 990 EZ) 2019 GE2P2 GLOBAL FOUNDATION Part IV Supporting Organizations (continued) (continued) (continued)

| | | | Yes | No |
|--------|---|---------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part V how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion 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 in (2), 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 | 3 | | |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | • | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti | uctions | | |
| 2 | Activities Test. Answer (a) and (b) below. | actions | Yes | No |
| 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. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| 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. | 3b | | |

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Schedule A (Form 990 or 990-EZ) 2019

| Pa | Type III Non-Functionally Integrated 509(a)(3) Supporting | Orga | inizations | |
|------|---|---------|-------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying t | rust o | n Nov. 20, 1970 (explain in F | Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must comp | plete S | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 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 | | |
| Sect | ion B - Minimum Asset Amount | _ | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | 63 | |
| е | Discount claimed for blockage or other | - C | | |
| | factors (explain in detail in Part VI): | \cup | | |
| 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 1-1/2% 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 .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |

3

4 5

6

81-2901344 Page 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3 4

5 6

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 GE2P2 GLOBAL FOUNDATION

| Pa | rt V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|------|--|-------------------------------|--|---|
| | tion D - Distributions | | ····/ | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which th | ne organization is responsive | • | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Sect | tion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | 6 | |
| с | From 2016 | | K | |
| d | From 2017 | \Box | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | • 0 | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | <u> </u> | | |
| i | Carryover from 2014 not applied (see instructions) | 0 | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | SK | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | * | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| C | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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| <u>1 990 or 990-EZ)</u> 2019 GI | <u>E2P2 G</u> LOBA | L FOUNDATION | 81-2901344 Page & |
|--|---|--|---|
| pplemental Informat IV, Section A, lines 1, 2, 3 1; Part IV, Section D, lines tion D, lines 5, 6, and 8; ar | tion. Provide the e 3b, 3c, 4b, 4c, 5a, 6 s 2 and 3; Part IV, Se | explanations required by Part II, line , 9a, 9b, 9c, 11a, 11b, and 11c; Par ection E, lines 1c, 2a, 2b, 3a, and 3l | : 10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V, |
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| | pplemental Informat IV, Section A, lines 1, 2, 3 1; Part IV, Section D, lines | pplemental Information. Provide the e t IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 1; Part IV, Section D, lines 2 and 3; Part IV, Se tion D, lines 5, 6, and 8; and Part V, Section E | h 990 or 990-E2) 2013 GE2P2 GLOBAL FOUNDATION pplemental Information. Provide the explanations required by Part II, line (IV, Section A, lines 1, 2, 30, 52, 40, 45, 58, 69, 99, 96, c7, 11, 11, 5, and 11c, Par 1; Part IV, Section E, lines 2, 5, and 6. Also complete the instructions.) |

10341017 131839 097-103433-00

| SCI | HEDULE D | Supplementa | al Financial Statements | | OMB No. 1545-0047 |
|--|--------------------------------|---|--|----------------|--------------------------------------|
| (Forn | n 990) nent of the Treasury | ► Complete if the orga Part IV, line 6, 7, 8, 9, 10, | anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 90 for instructions and the latest information | | 2019 Open to Public Inspection |
| Internal Revenue Service Go to www.irs.gov/Form9 | | | go for instructions and the latest information | | ployer identification number |
| Ham | of the organizati | GE2P2 GLOBAL FOUND | ATION | | 81-2901344 |
| Par | t I Organiza | | d Funds or Other Similar Funds or <i>I</i> | Accour | |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | e 6. | | |
| | | | (a) Donor advised funds | (b) Fur | ids and other accounts |
| 1 | Total number at e | nd of year | | | |
| 2 | Aggregate value of | f contributions to (during year) | | | |
| 3 | Aggregate value of | f grants from (during year) | | | |
| 4 | | t end of year | | | |
| 5 | - | | writing that the assets held in donor advised fu | | |
| | | | exclusive legal control? | | Yes 🛄 No |
| 6 | • | • | dvisors in writing that grant funds can be used | | |
| | • • | | r donor advisor, or for any other purpose confe | • | |
| Par | impermissible priv | ate benefit? | ganization answered "Yes" on Form 990, Part | | Yes No |
| | | servation easements held by the organization | | v, line 7. | |
| 1 | | n of land for public use (for example, recreat | | storically | important land area |
| | | of natural habitat | Preservation of a ce | | • |
| | | n of open space | | a tineu m | |
| 2 | | | ied conservation contribution in the form of a | conserva | tion easement on the last |
| - | day of the tax yea | | | | Held at the End of the Tax Year |
| а | | | Gov | 2a | |
| b | | | | | |
| с | | vation easements on a certified historic stru | | 0 | |
| d | | | after 7/25/06, and not on a historic structure | | |
| | | | | 2d | |
| 3 | | | eased e tringuished, or terminated by the orga | nization | during the tax |
| | year 🕨 | | St | | |
| 4 | Number of states | where property subject to conservation eac | ement is located | | |
| 5 | Does the organiza | tion have a written policy regarding the per | iodic monitoring, inspection, handling of | | |
| | | forcement of the conservation easements it | | | Yes No |
| 6 | Staff and voluntee | er hours devoted to monitoring, inspecting, | handling of violations, and enforcing conserva | tion ease | ements during the year |
| _ | ▶ | <u> </u> | | | |
| 7 | | ses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation e | easemen | ts during the year |
| • | ►\$ | | | | |
| 8 | | | e satisfy the requirements of section 170(h)(4)(| | Yes No |
| 9 | and section 170(h | | on easements in its revenue and expense state | | |
| 9 | | | note to the organization's financial statements | | |
| | | counting for conservation easements. | | inal dest | |
| Par | t III Organiza | ations Maintaining Collections of | Art, Historical Treasures, or Other | Simila | r Assets. |
| | _ | f the organization answered "Yes" on Form | | | |
| 1a | | | 8, not to report in its revenue statement and b | alance sl | neet works |
| | - | | blic exhibition, education, or research in further | | |
| | | | ncial statements that describes these items. | | |
| b | · • | | 8, to report in its revenue statement and balan | ce sheet | works of |
| | - | | exhibition, education, or research in furtheran | | |
| | | ing amounts relating to these items: | | | |

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Schedule D (Form 990) 2019 | | | | |
|-----|--|--|----------------------------|--|--|--|--|
| b | Assets included in Form 990, Part X | | \$ | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ | | | | |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | | | | | | |
| 2 | 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | | | | | | |
| | (ii) Assets included in Form 990, Part X | | \$ | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ | | | | |
| | provide the following amounts folding to these terms. | | | | | | |

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

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2019.04030 GE2P2 GLOBAL FOUNDATION 097-1031

| Sche | | LOBAL FOUN | | | | | 8 | 1-29 | 01344 | l Pa | age 2 |
|------------|--|---------------------------------|--------------|--|-----------------------|--------------|------------------------|------------|-------------------|--------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, o | r Other | Similar | Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | ls, check | any of the | following tha | t make sig | nificant us | se of its | | , | |
| | collection items (check all that apply): | | | , | Ũ | 0 | | | | | |
| а | Public exhibition | (| a 🗖 i | Loan or exc | change progr | am | | | | | |
| b | Scholarly research | e | | | 5 1 5 | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ev further tl | he organizati | on's exemi | ot nurnose | e in Part | XIII | | |
| 5 | During the year, did the organization solicit o | - | | • | - | | | | | | |
| • | to be sold to raise funds rather than to be ma | | , | | , | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrange | | | | | | | Part IV I | | | |
| | reported an amount on Form 990, Par | | | organizatio | | | 01111 000, | r arcrv, i | 110 0, 01 | | |
| 10 | Is the organization an agent, trustee, custodi | | liany for c | ontribution | s or other as | sots not in | cluded | | | | |
| Ia | | | | | | | | | Yes | | No |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII | | | | | | | ∟ | | | |
| b | in res, explain the arrangement in Part All | and complete the lo | nowing ta | able. | | | | | A | | |
| _ | | | | | | | | | Amount | | |
| | Beginning balance | | | | | | 1c | | | | |
| a | Additions during the year | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | | 1e | | | | |
| | Ending balance | | | | | | _ 1f | | 1 | | ٦ |
| | Did the organization include an amount on Fe | | | | | | y? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | <u></u> | | | | |
| Par | t V Endowment Funds. Complete i | | | | | | | | | | |
| | | (a) Current year | (b) P | rior year | (c) T.vo_rea | rs back 🚺 | d) Three ye | ars back | (e) Four | years | back |
| 1 a | Beginning of year balance | | | | <u>-0x</u> | | | | | | |
| b | Contributions | | | | <u> </u> | | | | | | |
| С | Net investment earnings, gains, and losses | | | <u> </u> | | | | | | | |
| d | Grants or scholarships | | | <u>. </u> | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | |) | | | | | | | |
| f | Administrative expenses | | 0 | | | | | | | | |
| g | End of year balance | | 5 | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end ba'anc | e (line 1g | j, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ער equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that | t are held a | nd administe | red for the | organizat | ion | | | |
| | by: | | | | | | | | ſ | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| h | If "Yes" on line 3a(ii), are the related organiza | tions listed as requi | red on Sc | hedule R2 | | | | | 3b | | |
| 1 | Describe in Part XIII the intended uses of the | | | | | | | | 50 | | |
| Par | t VI Land, Buildings, and Equipm | | | unus. | | | | | | | |
| | Complete if the organization answere | |) Part IV | line 11a S | See Form 990 |) Part X lii | ne 10 | | | | |
| | | | | | | | | 4 | (d) Book | (volu | |
| | Description of property | (a) Cost or o basis (investi | | . , | t or other (other) | | cumulatec reciation | | (a) Boor | value | е |
| | Land | · · · · | nong | 04315 | | | Colation | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | | | | | |
| e | Other | | | | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, colum | nn (B), line 1 | 10c.) | | | | | | 0. |
| | | | | | | | S | chedule | D (Form | 990) | 2019 |

932052 10-02-19

| Part VII | Investments - Other Securities. | | | |
|-------------------------------|---|---|---|------------------------|
| | Complete if the organization answered "Yes" | | | |
| (a) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financia | al derivatives | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) (G) | | | | |
| (H) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| | 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 | d-of-year market value |
| (1) | | | | , |
| (2) | | | | |
| (3) | | | | |
| (4) | | | 4 | |
| (5) | | | 7 | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | | |
| Part IX | Other Assets. | 0 | | |
| | Complete if the organization answered "Yes" | on Form 990, Ρατ IV, line ⁻ | 11d. See Form 990, Part X, line 15. | |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | <u></u> | | |
| (3) | | | | |
| (4) | | V | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. <u>(Colu</u> Part X | mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. | <u>9 15.)</u> | ▶ | |
| | 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) Fed | leral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line | | | |
| | for uncertain tax positions. In Part XIII, provide | | | |
| organiza | ation's liability for uncertain tax positions under | FASB ASC 740. Check he | re if the text of the footnote has been pro | ovided in Part XIII X |

Schedule D (Form 990) 2019

932053 10-02-19

| | dule D (Form 990) 2019 GE2P2 GLOBAL FOUNDATION | | | ge 4 |
|----|---|-------------------|------------------|-------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial State | | ue per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | |
| 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: | 1 1 | | |
| а | Net unrealized gains (losses) on investments | | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 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 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 Stat | ements With Exper | ises per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| с | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | \sim | | |
| 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 | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. P. t) line 18. | | | |
| Pa | t XIII Supplemental Information. | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part II, 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 X, LINE 2:

| MANAGEMENT | HAS | EVALUATED | THE | FOUNDATION'S | TAX | POSITIONS | AND | CONCLUDED | THAT |
|------------|-----|-----------|-----|--------------|-----|-----------|-----|-----------|------|
| | | | | | | | | | |

THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. CONSEQUENTLY, NO

ACCRUAL FOR INTEREST AND PENALTIES WAS DEEMED NECESSARY FOR THE YEAR ENDED

DECEMBER 31, 2019.

932054 10-02-19

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| SCHEDULE L | | Tra | insaction | s V | Vith | Inte | erested | P | ersons | | | ON | //B No. | 1545-00 | 47 |
|-----------------------------|---|--------------|------------------------------------|--------|-------------------|----------------|-------------------------------|--------------|--------------------|---------|----------|---------------|--------------------|---------|----------|
| (Form 990 or 990-EZ) | Complete if | f the o | rganization ans | | | | | | | 6, 27, | 28a, | | 20 | 10 |) |
| Department of the Treasury | | | 28b, or 28c, o ► Atta | | | | art V, line 38a Form 990-E | | 40b. | | | 0 | LU pen T | o Puk | Dic |
| Internal Revenue Service | | Go to v | www.irs.gov/Fo | rm99 | 0 for iı | nstruct | ions and the | late | st information. | | | In | spect | ion | |
| Name of the organization | | <u>م</u> ت.0 | BAL FOUN | ייידע | TON | | | | | | | identi 013 | | on nu | mber |
| Part I Excess I | Benefit Trans | | | | | ion 501 | (c)(4), and se | ctior | n 501(c)(29) orga | | | | 44 | | |
| | f the organizatio | | | | | | | | | | | | | | |
| 1 (a) Name of disqual | lified person | (b) F | Relationship betv person and or | | | lified | (| c) De | escription of tran | sactio | n | | | | ected? |
| | | | | guinze | | | | | | | | | Y | es | No |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | + | | |
| 2 Enter the amount of | of tax incurred by | the o | rganization mana | agers | or disc | qualified | l persons du | ring t | he year under | | | | | | |
| | | | | | | | | | | | ► \$ | | | | |
| 3 Enter the amount o | of tax, if any, on I | ine 2, a | above, reimburse | ed by | the or | ganizati | on | | | | ▶ \$ | | | | |
| Part II Loans to | o and/or Fror | n Inte | erested Pers | ons. | | | | | | | | | | | |
| • | f the organizatio | | | | | , Part V | , line 38a or l | Form | 990, Part IV, lin | e 26; o | or if th | e orga | nizatio | on | |
| | n amount on For | | , Part X, line 5, 6 (c) Purpose | ŕ | 2. Dan to or | (0 | Original | |) Balance due | (a) |) In | (h) Ap | proved | (i) V | Vritten |
| interested person | (a) Name of (b) Relationshi with organization | | of loan | fror | m the ization? | | ipal arrount | 1 | Dalance que | | ault? | by bo | ard or | | ement? |
| | | | | То | From | 1 | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | ÷. | 0, | | | | | | | | <u> </u> |
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| Total Part III Grants o | or Assistance | Ben | efiting Inter | ester | d Per | sons | > \$ | | | | | | | | |
| | if the organizatio | | - | | | | | | | | | | | | |
| (a) Name of intere | | | b) Relationship | | | (0 |) Amount of | | (d) Type | | | • |) Purp | | f |
| | | | interested pers the organiza | | d | | assistance | | assistan | се | | i | assista | ance | |
| | | + | | | | | | | | | -+ | | | | |
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| LHA For Paperwork R | eduction Act No | otice, : | see the Instruct | ions | for For | rm 990 | or 990-EZ. | | Sch | edule | L (Foi | rm 990 |) or 99 | 90-EZ |) 2019 |

| | Business Trans | | | | |
|------------|----------------------|------------|--------|------------|--|
| Schedule L | (Form 990 or 990-EZ) | 2019 GE2P2 | GLOBAL | FOUNDATION | |

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | aring of zation's nues? |
|-------------------------------|---|---------------------------|--------------------------------|-----------------------------|-------------------------------|
| | | | Yes | No | |
| DAVID R. CURRY ASSOCIATES | DRCA IS >35% CONTRO | 71,225. | DRCA PROVID | | X |
| | | | | | |
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Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID R. CURRY ASSOCIATES (DRCA)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DRCA IS >35% CONTROLLED BY OFFICER, DAVID R. CURRY

(D) DESCRIPTION OF TRANSACTION: DRCA PROVIDED ADVISORY AND EDITORIAL

SERVICES TO THE FOUNDATION.

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



GE2P2 GLOBAL FOUNDATION

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

CDHE FOCUSES ON ETHICS, EVIDENCE GENERATION, AND POLICY INVOLVING (1)

HEALTH INTERVENTIONS, HUMAN RIGHTS, AND HUMANITARIAN RESPONSE TO THE

FULL RANGE OF NATURAL AND MANMADE DISASTERS AND COMPLEX EMERGENCIES.

CVEP ENGAGES THE FULL LIFE-CYCLE OF ISSUES AROUND GLOBAL (2)

IMMUNIZATION AND VACCINES -- BUILDING AND REFINING ETHICAL FRAMEWORKS;

ANALYZING AND COMMUNICATING ABOUT VACCINE EVIDENCE, ETHICS AND POLICY;

INNOVATING NEW ANALYTICAL, VISUALIZATION AND DECISION APPROACHES AND

CONVENING THE VACCINE COMMUNITY TO CONSIDER IVIDENCE, ETHICS AND

PRACTICAL SOLUTIONS. CVEP ALSO OFFERS A KNOWLEDGE-SHARING SERVICE

THROUGH PUBLICATION OF VACCINES AND GLOBAL HEALTH: THE WEEK IN REVIEW.

THIS COMPREHENSIVE WEEKLY DIGEST AGEREGATES NEWS, EVENTS

ANNOUNCEMENTS, PEER-REVIEWED ARTICLES AND RESEARCH IN THE GLOBAL

VACCINE ETHICS AND POLICY SPACE

CEPAM CONDUCTS RESEARCH, CONVENES SYMPOSIA AND WORKSHOPS (3)PUBLISHES, AND DEVELOPS ETHICAL GUIDANCE AND POLICY CONCERNING FAIR EQUITABLE AND EFFECTIVE ACCESS TO PHARMACEUTICAL PRODUCTS INCLUDING BIOLOGICS, VACCINES, ESSENTIAL MEDICINES AND MEDICAL DEVICES. DRUGS. FOCUS AREAS INCLUDE GENERAL BIOETHICAL ISSUES ASSOCIATED WITH RESEARCH DISCOVERY, AND CLINICAL TRIALS FOR INVESTIGATIONAL MEDICINES; COMPASSIONATE USE/PRE-LICENSURE/EXPANDED ACCESS PROGRAMS, AND ACCESS TO VACCINES AND ESSENTIAL MEDICINES IN LOW RESOURCE SETTINGS AND HUMANITARIAN CONTEXTS GLOBALLY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

| Schedule O (Form 990 or 990-EZ) (2019) | Page |
|--|---|
| Name of the organization GE2P2 GLOBAL FOUNDATION | Employer identification number 81-2901344 |
| FORM 990, PART VI, SECTION A, LINE 8B: | |
| THE FOUNDATION DID NOT HAVE ANY COMMITTEES WITH BOARD DE | LEGATED AUTHORITY |
| DURING THE TAX YEAR, IF THERE WAS SUCH A COMMITTEE MINUT | ES WOULD HAVE BEEN |
| REQUIRED TO BE TAKEN. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FI | RM, A DRAFT IS THEN |
| REVIEWED BY THE PRESIDENT AND TREASURER, AND THEN THE FU | LL BOARD REVIEWS |
| THE FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENU | E SERVICE. |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI | AL STATEMENTS |
| AVAILABLE TO THE PUBLIC AT THEIR WRITTEN REQUEST. AT THI | S TIME THE |
| FOUNDATION DOES NOT HAVE A WRITTEN CONFLICT OF INTEREST | POLICY. |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| BIOETHICS ADVISORY SERVICES: | |
| PROGRAM SERVICE EXPENSES | 51,804. |
| MANAGEMENT AND GENERAL EXPENSES | 2,727. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 54,531. |
| | |
| EDITORIAL SERVICES: | |
| PROGRAM SERVICE EXPENSES | 40,185. |
| MANAGEMENT AND GENERAL EXPENSES | 2,115. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 42,300. |
| | |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 96,831. |

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

Related Organizations and Unrelated Partnerships

Name of the organization

Department of the Treasury Internal Revenue Service

GE2P2 GLOBAL FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
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| | ŝ | e ^{CC} | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | | g) 512(b)(13) rolled ity? |
|---|--------------------------------|---|-------------------------------|---|--|-----|---|
| | 11 | | | 501(c)(3)) | | Yes | No |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Open to Public Inspection

Employer identification number

81-2901344

(Form 990)

(10111330)

Schedule R (Form 990) 2019 GE2P2 GLOBAL FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|--|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-----|---------------------|---------------------------------|----------------|---------------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | | ortionate tions? | amount in box 20 of Schedule | manag partn | l or Percentage ownership r? |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | lo |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN | (b) Primary activity | (c) Legal domicile | (d) Direct controlling | (e) Type of entity | (f) Share of total | (g) Share of | (h) Percentage | (Sec | i) tion |
|--|-------------------------|-----------------------|---------------------------|-------------------------------|------------------------------|------------------------|-------------------|----------|--------------------------|
| of related organization | Fillinary activity | (state or foreign | entity | (C corp, S corp, or trust) | income | end-of-year assets | ownership | contr | b)(13) rolled ity? |
| | | country) | | | | | | Yes | No |
| GE2P2 GLOBAL ADVISORY SERVICES PBC - | /// | | | | | | | | |
| 81-5251400, 605 W UPSAL ST., STE. 300, | | | GE2P2 GLOBAL | | | | | | |
| PHILADELPHIA, PA 19119 | ADVISORY SERVICES | DE | FOUNDATION | C CORP | 454,226. | 194,597. | 100% | X | |
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Schedule R (Form 990) 2019 GE2P2 GLOBAL FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | _ | Yes | No | | | | |
|--------------|--|---|-------------------------------|--|--------|-----|--------|--|--|--|--|
| 1 | During the tax year, did the organization engage in any of the following transactions | | | | | | | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | / | | | 1a | | X | | | | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X | | | | |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х | | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х | | | | |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | X | | | | |
| | | | | | | | | | | | |
| | Dividends from related organization(s) | | | | 1f | | X | | | | |
| | Sale of assets to related organization(s) | | | | 1g | | X | | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | X | | | | |
| i | Exchange of assets with related organization(s) | | <u></u> | | 1i | | X | | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X | | | | |
| | | | <u> </u> | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | CO | | 1k | | X X | | | | |
| I. | I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | | |
| m | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | | |
| n | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | | |
| | o Sharing of paid employees with related organization(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | Х | | | | |
| | Reimbursement paid by related organization(s) for expenses | | | | 1q | | Х | | | | |
| - | | | | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) |) | | | 1r | | Х | | | | |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on w | ho must complete th | nis line, including covered r | elationships and transaction thresholds. | | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount inv | /olved | | | | | | |
| <u>(1)</u> | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| . <u>.</u> . | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
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Schedule R (Form 990) 2019 GE2P2 GLOBAL FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e Are : partner: 501(c orgs Yes | s sec. ;)(3) 5.? | (f) Share of total income | (g) Share of end-of-year assets | (h Dispro tion: allocati Yes |) ate ons? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Genera manag partne Yes | l or ^{ng} r? Io | (k) entage hership |
|--|--------------------------------|---|--|---|------------------------|---|---|---|-------------------------------|---|---|-----------------------------------|---------------------------------|
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Schedule R (Form 990) 2019