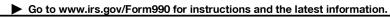
Department of the Treasury

- 0047

Internal Revenue Service

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

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



A For the 2017 calendar year, or tax year beginning and ending										
B C	heck if oplicabl	e: C Name of organization		D Employer identifie	cation number					
	Addre] chang				901344					
X	Name Chang	e Doing business as	Doing business as							
	Initial return	, , , , , , , , , , , , , , , , , , , ,	Room/suite							
	Final	605 WEST UPSAL ST.	300	267-	251-2305					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	228,441.					
	Amen			H(a) Is this a group re						
	Applic tion pendi			for subordinates	? Yes X No					
	-	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No					
		empt status: 🗴 501(c)(3) 🚺 501(c) ( ) ◀ (insert no.) 🚺 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)					
		te: WWW.GE2P2.ORG		H(c) Group exemption						
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2016 N	A State of legal domicile: DE					
Pa	rt I	Summary								
ø	1	Briefly describe the organization's mission or most significant activities: ADVA	NCING	SCIENTIFIC	RIGOR AND					
anc		ETHICAL RESILIENCE IN RESEARCH AND EVIDE	NCE GE	NERATION						
Activities & Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	osed of more	than 25% of its net as	sets.					
jove		Number of voting members of the governing body (Part VI, line 1a)			6					
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			5					
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		0						
iviti	6	Total number of volunteers (estimate if necessary)		11						
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	b			7b	0.					
				Prior Year	Current Year					
er	8	Contributions and grants (Part VIII, line 1h)		36,771.	156,941.					
ent	3			0.	71,500.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d		0.	0.					
-		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 Fart VIII, column (A), line 12)		36,771.	228,441.					
		Grants and similar amounts paid (Part IX, colume A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ďx		Total fundraising expenses (Part IX, column (D), line 25)	0.							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,482.	177,910.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	36,482.	177,910.					
. (0	19	Revenue less expenses. Subtract line 18 from line 12		289.	50,531.					
Vet Assets or und Balances			Be	ginning of Current Year	End of Year					
sset 3alai		Total assets (Part X, line 16)		289.	50,820.					
et A: nd E		Total liabilities (Part X, line 26)		0.	0.					
		Net assets or fund balances. Subtract line 21 from line 20		289.	50,820.					
Ра	rt II	Signature Block								

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

	$ \rightarrow $	DocuSign	11/14/2019							
Sign	Signature of officer	ry Docuoigii	Date							
Here	▶ DAVID R. CURRY, PRESID	ÉNT & CEO								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	CONNIE M. LIRA	CONNIE M. LIRA	11/4/2019 <sup>tf</sup> P00481097							
Preparer	Firm's name CLIFTONLARSONALL		Firm's EIN 🕨 41-0746749							
Use Only	Firm's address 🖕 610 W. GERMANTOW	N PIKE, STE. 400								
	PLYMOUTH MEETING	, PA 19462	Phone no.215-643-3900							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)									

OMB No. 1545-0047

**Open to Public** Inspection

Pa 1	rt III Statement of Program		81-2901344 Page 2
1		-	
1		a response or note to any line in this Part III	X
		<sup>ssion:</sup> P2 GLOBAL FOUNDATION (FOUND IFIC RIGOR IN RESEARCH AND	
		S, HUMANITARIAN RESPARCH AND	
		IP, AND DEVELOPMENT.	EADIN, EDUCATION,
2		ignificant program services during the year which were	e not listed on the
-			
3	-	ng, or make significant changes in how it conducts, an	y program services? Yes X No
4	Describe the organization's program	service accomplishments for each of its three largest izations are required to report the amount of grants ar	
	revenue, if any, for each program ser		
4a		151,202. including grants of \$ RATES THROUGH A PORTFOLIO O	
		ENGAGES THE COMPETENCIES,	
		K OF ELECTED "FELLOWS" OF T	
		MIC, AGENCY AND GOVERNMENT	
		ENTISTS, RESEARCHERS, ETHIC	
		CHOLARS IN THE SOCIAL AND B DGE MANAGEMENT EXPERTS, AND	
			FOR VACCINE ETHICS AND
		CENTER FOR DISASTER AND HU	
		ICS AND POLICY ON ACCESS TO	
	(0) 0201201 1000 2000		
4b	(Code: ) (Expenses \$	including grants of s	) (Revenue \$
			,, (, , ())))
		257	
4.0			
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$
	Other program services (Describe in S	Schedule Q )	
4d	Other program services (Describe in S		evenue \$
	(Expenses \$	including grants of \$ (Re	evenue \$ )
4d 4e			,
4e	(Expenses \$	including grants of \$ (Re	Form <b>990</b> (201
4e	(Expenses \$ Total program service expenses ►	including grants of \$) (Re	Form <b>990</b> (201

Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
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,	_		v
_	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 temporarily restricted endowments, permanent			v
	endowments, or 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, VIII, IX, or X			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D,			
а	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	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V	11b		x
с	Did the organization report an amount for investments - program related Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part is 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			
	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

Form **990** (2017)

Form 990 (2017)

GE2P2 GLOBAL FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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	0.51		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from reavables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to an officer, director, rustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "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	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
b	A family member of a current or former officer, director, rustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes" complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,00° in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
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	
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
•	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	_		v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

Form	990 (2017) GE2P2 GLOBAL FOUNDATION 81-2901	344	Pa	age <b>5</b>
	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	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)	-		х
a	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 		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
Ь		70		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business noidings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
a	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			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
			990	(2017)

Form 990 (	2017)
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#### GE2P2 GLOBAL FOUNDATION

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

b E 2 [ 3 [	Enter the number of voting members of the governing body at the end of the tax year 1a 6 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 in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 1b		Yes			
l b E 2 [ 3 [ 0	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 in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b					
b E 2 [ 3 [	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b			T		
2 [ 3 [ 0						
2 [ 3 [ 0		5				
3 3 0						
<b>3</b> [	officer, director, trustee, or key employee?	2		Г		
c	Did the organization delegate control over management duties customarily performed by or under the direct supervision			t		
	of officers, directors, or trustees, or key employees to a management company or other person?	3				
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		t		
<b>5</b> [	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		t		
	Did the organization have members or stockholders?	6		t		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		t		
	more members of the governing body?	7a				
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
		7b				
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		+		
		80	x	T		
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 85		+		
		8b		+		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedulty O	9				
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	19	L	1		
500	IOT D. POICIES (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Т		
0- 1	Did the experimetion have lead chapters, branches, or efficience?	10a	res	╉		
	Did the organization have local chapters, branches, or affiliates?	IUa		╀		
		101				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	╀		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		╋		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		ł		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		+		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		╀		
	Did the organization regularly and consistently monor and enforce compliance with the policy? If "Yes," describe	10				
/	in Schedule O how this was done	12c		╀		
	Did the organization have a written whistleblower policy?	13		╀		
	Did the organization have a written document retention and destruction policy?	14		╋		
	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?			1		
	The organization's CEO, Executive Director, or top management official	15a		╀		
	Other officers or key employees of the organization	15b		╀		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1		
	taxable entity during the year?	16a		╀		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1		
	exempt status with respect to such arrangements?	16b				
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole			
f	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
9 [	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial			
٤	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's books and records:					
-	THE ORGANIZATION - 267-251-2305					
	605 WEST UPSAL ST., NO. 300, PHILADELPHIA, PA 19119			_		
2006	11-28-17	Forn	1 <b>990</b>	(;		

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Er	nployees,	Highest	Compensat	ed
	Employees, and Independe	ent Contrac	ctors					

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X	Check this box if neither the or	ganization nor any	y related organization com	pensated any	current officer,	director,	or trustee
---	----------------------------------	--------------------	----------------------------	--------------	------------------	-----------	------------

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Average Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	iss pe nd a d	rson i	is bot	h an	compensation	compensation	amount of
	week		cer ar		recio	n/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	~~~,		organizationo
(1) DAVID R. CURRY, MS	5.00	_	_		-		-	$\overline{\mathbf{O}}$		
PRESIDENT & CEO	5.00	х		x				0.	0.	0.
(2) ARTHUR L. CAPLAN, PHD	5.00					. (				
FOUNDING DIRECTOR	5.00	Х			2			0.	0.	0.
(3) KRISTEN A. FEEMSTER, MD, MPH, MS	3.00				5	2				
DIRECTOR	2.00	Х		0	Ρ			0.	0.	0.
(4) ROBERT I. FIELD, PHD, MPH, JD	3.00		C	57						
DIRECTOR	2.00	X	$\mathbb{N}$	Ī				0.	0.	0.
(5) DONAL O'MATHUNA, PHD	3.00	5	<u> </u>							
DIRECTOR	2.00	Х						0.	0.	0.
(6) BARBARA K. REDMAN, PHD, MBE	3.90									
DIRECTOR	02.00	Х						0.	0.	0.
732007 11-28-17										Form <b>990</b> (2017)

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Form 990 (2017) GE2P2 GLOBAL FOUNDATION 81-290											01	344	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	<b>(B)</b> Average hours per week	Oer (do not check more than one box, unless person is both an				than is bot	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	n	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Institutional trustee	Officer	Key employee Highest compensated employee Former		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa om the anizat d relat anizatie	e ion ed	
			Individual trustee or director		0	ž	Ξē	Ē						
								~	COX					
						2	Ś	5	0.		0.			0.
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		Ċ	<u>S</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		0.0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	Viste	ed al	bove	e) wł	io r	eceived more than \$100	,000 of reportabl	e		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch inaividual										3		x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	-		4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or sı	ich	pers	son .					5		Х
1	Complete this table for your five highest co										pens	ation 1	irom	
	the organization. Report compensation for (A)					vith	or w	ithir	(B)			(0		
	Name and business	address	NC	ONE	3			_	Description of s	ervices	С	ompe	nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho: (	se lis 0	stec	d above) who received n	nore than				
												Form	<b>990</b> (2	2017)

Par		Check if Schedule O contains a response	e or note to anv lir	ne in this Part VIII			
			<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts		Federated campaigns 1a					
lou Iou	b	Membership dues 1b					
An A		Fundraising events 1c					
iar Git	d	Related organizations 11					
Sin's,		Government grants (contributions)					
er (	f	All other contributions, gifts, grants, and	1				
ē원		similar amounts not included above <b>1f</b>	156,941.				
Contributions, Gifts, Grants and Other Similar Amounts	g			150 041			
<u>a C</u>	h	Total. Add lines 1a-1f		156,941.			
	0 -	CONSULTING SERVICES	Business Code 541900	71,500.	71,500.		
kič	2 a		541500	71,500.	71,500.		
Ser	b c						
n Sel	d						
Program Service Revenue	e						
A	f						
	g			71,500.			
	3	Investment income (including dividends, inter			2		
		other similar amounts)	►		R ·		
	4	Income from investment of tax-exempt bond		$\Box$			
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents		C.V.			
	b	· · · · · · · · · · · · · · · · · · ·		e c			
	c			-			
		Net rental income or (loss)		·			
	7 a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	h	Less: cost or other basis	<u> </u>				
	D.	and sales expenses	$\mathbf{Q}^{*}$				
	с	Gain or (loss)	-				
		Net gain or (loss)	• • • • • • • • • • • • • • • • • • •				
an		Gross income from fundraising events (not					
Other Revenue		including \$ of					
Be		contributions reported on line 1c). See					
her	h	Part IV, line 18 a					
δļ		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 a	a				
	b	Less: direct expenses					
		Net income or (loss) from gaming activities					
.	10 a	Gross sales of inventory, less returns					
		and allowances a	1				
	b	Less: cost of goods sold k					
L	С	Net income or (loss) from sales of inventory .	🕨				
F		Miscellaneous Revenue	Business Code				
.	11 a						
	b						
	C c						
	d	All other revenue					
.	е 12	Total revenue. See instructions.		228,441.	71,500.	0.	0.
732009			►	,	_,	5.	Form <b>990</b> (2017

GE2P2 GLOBAL FOUNDATION

Form 990 (2017)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		3		
11	Fees for services (non-employees):		602		
а	Management		$\bigcirc$		
b	Legal		$\sim$		
с	Accounting		<u>.0`</u>		
d	Lobbying	(			
е	Professional fundraising services. See Part IV, line 17		)		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	158,350.	145,850.	22,500.	
12	Advertising and promotion	`O_`			
13	Office expenses	1,572.	611.	961.	
14	Information technology	531.	53.	478.	
15	Royalties	•			
16	Occupancy	E E / /	1 600	956	
17	Travel	5,544.	4,688.	856.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization				
23	Insurance	1,913.		1,913.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
е	All other expenses	177 010	1 5 1 0 0 0		
25	Total functional expenses. Add lines 1 through 24e	177,910.	151,202.	26,708.	0.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

732010 11-28-17

Form **990** (2017)

Form 990 (	2017)	GE2P2	GLOBAL	FOUNDATION
Part X	Balance Sheet	1		

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	289.	1	49,820.
	2	Savings and temporary cash investments		2	1,000.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	-07	12	
	13	Investments - program-related. See Part IV, line 11	22	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	200	15	F0 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	289.	16	50,820.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20			20	
	21	Escrow or custodial account liability. Complete Part Not Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
bili		key employees, highest compensated employees, and disqualified persons.			
Lia	00	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24	
	24 25			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and		20	
ş		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	289.	27	50,820.
Fund Balances	28	Temporarily restricted net assets		28	<b>/</b>
dB	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	289.	33	50,820.
	34	Total liabilities and net assets/fund balances	289.	34	50,820.

Form 990 (2017)

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Form	1 990 (2017) GE2P2 GLOBAL FOUNDATION	81-290	1344	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			2.2	~ 4	4 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	220	<u>, 4</u>	$\frac{41}{10}$
2	Total expenses (must equal Part IX, column (A), line 25)	2			10.
3	Revenue less expenses. Subtract line 2 from line 1	3	50		31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	89.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	50	0,8	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an intependent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to cover go an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		
			Form	990	(2017)
					,

## 22131029 131844 097-10343300 2017.06020 GE2P2 GLOBAL FOUNDATION 097-6FU1

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

Part I

(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
	2017
	Open to Public Inspection
/er	identification number

097-6FU1

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

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**Reason for Public Charity Status (All** 

			Employer identification nul
GE2P2	GLOBAL	FOUNDATION	81-2901344
ublic Ch	arity Statu	<b>S</b> (All organizations must complete this part.) See instruction	S.

The	organ	ization is not a private found	dation because it is:	: (For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associat	ion of churches described	l in <b>sectio</b>	on 170(b)(	1)(A)(i).					
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for	or the benefit of a c	ollege or university owned	l or opera	ted by a g	overnmental unit descrit	oed in				
		section 170(b)(1)(A)(iv). (0				, ,						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that norma						public described in				
-		section 170(b)(1)(A)(vi). (C	-				<b>3</b>	F				
8		A community trust describe		)(1)(A)(vi), (Complete Part	11.)							
9	$\square$	An agricultural research or				ed in conii	inction with a land-grant	college				
-		or university or a non-land-										
		university:	grant conege of agr			name, en						
10	X	An organization that norma	ally receives: (1) mo	re than 33 1/3% of its sun	nort from	contributi	ons membershin fees a	and aross receipts from				
10		activities related to its exer										
		income and unrelated busi										
		See section 509(a)(2). (Co				3363 2040	aned by the organization					
11		An organization organized	• •	isively to test for public sa	faty See	section 5	<b>19(a)(4)</b>					
12		An organization organized	-		-			nurnoses of one or				
		more publicly supported or										
		lines 12a through 12d that										
a				supervised or controlled				<i>i</i> aivina				
				regularly appoint or elect a								
		organization. You must o			inajoney			supporting				
b				ed or controlled in connect	ion with it	ts sunnort	ed organization(s) by ha	avina				
				panization vested in the sa								
		organization(s). You mus		I"	arrie perso		ontroi or manage the sup	poned				
				ng organization operated	in connoc	tion with	and functionally integrat	od with				
c	, <u> </u>			ns). You must complete F				ed with,				
				porting organization operation				ization(a)				
c												
				nization generally must sat pmplete Part IV, Sections	-		-	IVENESS				
		7		a written determination fro								
e				ionally integrated supporti			а турет, турет, туретт					
	Ente											
		er the number of supported over the following information										
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	Yes	ing document? No	support (see instructions)	support (see instructions)				
				above (see instructions))								
Tot	al											
		Paperwork Reduction Act N	Notice, see the Ins	tructions for Form 990 o	r 990-EZ.	732021 10-	-06-17 Schedule A (For	rm 990 or 990-EZ) 2017				

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2017.06020 GE2P2 GLOBAL FOUNDATION

## Schedule A (Form 990 or 990 EZ) 2017 GE2P2 GLOBAL FOUNDATION

81-2901344 Page 2

Part II	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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)						
6	Public support. Subtract line 5 from line 4.				8		
Sec	ction B. Total Support				<u>K</u>		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015)	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			$\cdot 0^{1}$			
	dividends, payments received on						
	securities loans, rents, royalties,		0				
	and income from similar sources $\dots$						
9	Net income from unrelated business		St				
	activities, whether or not the						
	business is regularly carried on		C'				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stor						<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2017 (					14	%
	Public support percentage from 2016					15	%
<b>16</b> a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	imstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Scho	edule A (Form 990	or 990_E7) 2017

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# Schedule A (Form 990 or 990-EZ) 2017 GE2P2 GLOBAL FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	/II	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				36,771.	156,941.	193,712.
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.	71,500.
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.	265,212.
7a	Amounts included on lines 1, 2, and			ç	2		
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			CO	15,000.		
	amount on line 13 for the year			<u>0,</u>	15 000	56,500.	
	Add lines 7a and 7b		(		15,000.	211,250.	
8	Public support. (Subtract line 7c from line 6.)		6				38,962.
	ction B. Total Support					<i></i>	(n
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016 36,771.	(e)2017 228,441.	(f) Total 265,212.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	, jõ			50,771.	220,441.	203,212.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	"P					
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				36,771.	-	-
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	
							<b>X</b>
	ction C. Computation of Publ						
	Public support percentage for 2017 (					15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve		¥				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2017.</b> If the more than 33 1/3%, check this box a <b>33 1/3% support tests - 2016.</b> If the	nd <b>stop here.</b> The	organization qua	lifies as a publicly s	supported organiza	ation	
Ň	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 10-06-17	and not oneon a	<u>207 011 III 0 14, 13</u>			edule A (Form 990	
, 520				15	Gone		

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### 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 at 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 ex (Disvely 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 (1), 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 (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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Schedule A (Form 990 or 990-EZ) 2017

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### Schedule A (Form 990 or 990-EZ) 2017 GE2P2 GLOBAL FOUNDATION Part IV Supporting Organizations (continued)

			X	
			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		
	A family member of a person described in (a) above?	11b		
-	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		
Sec	tion B. Type I Supporting Organizations		V.	N
			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 <b>Part VI</b> 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,	-		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	н		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 Party how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	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 around 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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		
732025	5 10-06-17 Schedule A (Form 99	90 or 99	90-EZ)	2017
	17			

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#### Schedule A (Form 990 or 990-EZ) 2017 GE2P2 GLOBAL FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

other Type III non-functionally integrated supporting organizations must cor		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	•	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	2	
e Discount claimed for blockage or other		R	
factors (explain in detail in <b>Part VI</b> ):	$\bigcirc$	,	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to	1 1		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990 EZ) 2017 GE2P2 GLOBAL FOUNDATION

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
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 the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	ſ		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013		2	
C	From 2014	C	X	
d	From 2015	<u>()</u>		
e	From 2016			
f	Total of lines 3a through e	<u>;0</u> ,		
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	0		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	2		
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
1	Excess distributions carryover to 2018. Add lines 3j			
8	and 4c. Breakdown of line 7:			
-	Excess from 2013			
-	Excess from 2013			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
				(Form 000 or 000 EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A	(Form 990 or 990-EZ) 2017 GE2P2 GLOBAL FOUNDATION	81-2901344 <sub>Pag</sub>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, an Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complet (See instructions.)	; Part IV, Section B, lines 1 and 2; Part IV, Section C, nd 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
		67
	<u>C</u>	<u>J.</u>
	in the sector	
	ic.	
	OUN	
	**	
32028 10-06-	17 20	Schedule A (Form 990 or 990-EZ) 2
31029	131844 097-10343300 2017.06020 GE2P2 GL	OBAL FOUNDATION 097-6F

Name of the organization

## **Schedule of Contributors**

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

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Employer identification number

81-2901344	01344
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0	GE2P2 GLOBAL FOUNDATION	81-2901344
Organization type (check	« one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule.	
Note: Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the Geheral Rule and a Spec	al Rule. See instructions.
General Rule	xilo <sup>K</sup>	
	ion filing Form 990, 990-EZ, or 990-PF that received, earing the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a contri	
Special Rules	- Mo	
sections 509(a)( any one contribu	ion described in section 501(c)(3) thing Form 990 or 990-EZ that met the 33 1/3% su 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 utor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received butions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or f cruelty to children or animals. Complete Parts I, II, and III.	
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ins <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions tota or here the total contributions that were received during the year for an <i>exclusively</i> rel complete any of the parts unless the <b>General Rule</b> applies to this organization becau uble, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box ligious, charitable, etc., use it received <i>nonexclusively</i>
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or or at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

81-2901344

#### GE2P2 GLOBAL FOUNDATION

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Inspection Inspection	\$ <u>26,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZR + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-0	22	Schedule B (FOIM	990, 990-EZ, or 990-PF) (2017

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Employer	identification	number

81-2901344

#### GE2P2 GLOBAL FOUNDATION

Name of organization

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	Inspect	<u>s</u>	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and Zir + 4	(c) Total contributions	(d) Type of contribut
	"PUL	\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
3452 11-01-17		Schedule B (Forr 2 3	n 990, 990-EZ, or 990-PF

81-2901344

#### GE2P2 GLOBAL FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)	nic hspeciti	\$(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-01-17		\$	

Page 3

ne of organi			Employer identification number
E2P2 G art III	LOBAL FOUNDATION Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete colu	utions to organizations described	$\frac{81-2901344}{(1000000000000000000000000000000000000$
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	haritable, etc., contributions of \$1,000 or	
i) No. rom Part I —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer or gift ZIP + 4	Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
No. om Irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-   -			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
54 11-01-17			Schedule B (Form 990, 990-EZ, or 990-PF) (

22131029 131844 097-10343300 2017.06020 GE2P2 GLOBAL FOUNDATION 097-6FU1

(form 980 or 990-E2)       > Complete if the organization answered "Yes" on Form 980-F2. Part V, line 35a, 25b, 26, 27. 28a, 18a or 40b.       > Attach to Form 990 or Form 990-F2.       Open To Public         Decomment of the organization       > Attach to Form 990 or Form 990-F2.       Employee identification number 812901344         Part II       Excess Benefit Transactions (section 501(c)(4), and 501(c)(29) organizations only.       Complete if the organization answered "Yes" on Form 980-F2.       Employee identification number 812901344         I (a) Name of disqualified person       (b) Feational between disqualified persons only.       Complete if the organization answered "Yes" on Form 980.P2, Part V, line 25a or 25b, or Form 980-F2. Part V, line 40b.         I (a) Name of disqualified person       (b) Feational between disqualified persons during the year under eaction 4058       S         3       Exter the amount of tax incurred by the organization managers or disqualified persons during the year under reported an amount on Form 980-Part N, line 35, or 22.       (c) Open 400 (e) Part V, line 26, or if the organization reported an amount on Form 980-Part V, line 35, or 22.         Part III       Loans to and/or Form Interested Persons.       (e) Organization reported an amount on Form 980-Part V, line 35, or 22.       (f) Palance due       (g) Part V, line 36, or 22.         (a) Nume of interested person       (b) Fast Stanter       (f) or an end organization end	SCHEDULE L	т	ransaction	ıs V	Vith	Inte	erested		ersons			ON	ИВ No.	1545-0	047
Image of the organization         Image of the organization         Image of the organization         Image of the organization           Part I         Excess Dendfit Transactions (secton 501(c)(a), and 501(c)(a) organizations only).         Complete if the organization answered 'ves' on Form 900, Part V, line 25 or 250, or Form 900-E2, Part V, line 400.         Id) Corrected?           1         (a) Name of disqualified person         (b) Relationship between disqualified person and organization organization and the set of the organization organization         Id) Corrected?           2         Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4868         \$         \$           3         Enter the amount of tax, if any, on line 2, above, relimburged by the organization         > \$         \$           Part II         Loans to and/or From Interested Persons.         Complete if the organization on answered 'ves' on Form 900-E2, Part V, line 26, or if the organization reported an amount on Form 900, Part X, line 5, 6, or 22.         (c) Current of tax in the organization on answered 'ves' on Form 900-E2, Part V, line 26, or if the organization reported an amount on Form 900, Part X, line 5, 6, or 22.           (a) Nume of interested person         (b) Part N, line 5, 6, or 22.         (c) Current of tax in the organization on aswered 'ves' on Form 900-E2.         (d) In the organization answered 'ves' on Form 900-E2.         (d) In the organization answered 'ves' on Form 900-E2.         (d) In the organization answered 'ves' on Form 900, Part V, line 26.         <	(Form 990 or 990-EZ)		e organization ans 28b, or 28c, o	swere or For	ed "Yes m 990-	s" on F -EZ, Pa	orm 990, Pa art V, line 38	rt IV, a or	, line 25a, 25b, 2	26, 27	, 28a,		20	17	7
Name of the organization       Engloyee identification number (E222 GLOBAL FOUNDATION       Engloyee identification number (E12901344         Part II       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).       Complete if the organization answered "Yes" on Form 990, Part IV, line 25, or 25b, or Form 990, Part V, line 40b.       (e) Obscription of transaction       (e) Occreted?         1       (a) Name of disqualified person       (b) Relationship between disqualified persons during the year under section 4988       >       >         2       Enter the amount of tax, if any, on line 2, above, reimbursed by the organization reported an amount or form 1990, Part X, line 58, or 720-Dat V, line 28a or Form 990, Part IV, line 26b, or If the organization reported an amount or Form 1990, Part X, line 58, or 720-Dat V, line 28a or Form 990, Part IV, line 26b, or If the organization reported an amount or Form 1990, Part X, line 58, or 720-Dat V, line 28a or Form 990, Part IV, line 26b, or If the organization reported an amount or Form 1990, Part X, line 58, or 720-Dat V, line 28a or Form 990, Part IV, line 28b, or If the organization reported an amount or Form 1990, Part X, line 58, or 720-Dat V, line 28a or Form 990, Part IV, line 28b or V (second 1990, Part V, lin			•						at information						olic
GB2F2 GLOBAL FOUNDATION     GB2F2 GLOBAL FOUNDATION     GB2F2 GLOBAL FOUNDATION     Gomplete if the organization answered 'Yes' on Form 900, Part IV, line 25 or 22b, or Form 905-Z, Part V, line 40b.     (e) Description of transaction     (f) Pleationship between disqualified     person and organization     (e) Description of transaction     (f) Pleationship between disqualified     person and organization     (g) Name of disqualified persons during the year under     section 4958     S     Gomplete if the organization managers or disqualified     person during the year under     section 4958     S     Gomplete if the organization managers or disqualified     person during the year under     section 4958     Gomplete if the organization managers or disqualified     person during the year under     section 4958     Gomplete if the organization answered 'Yes' on Form 900-EZ, Part V, line 38 or Form 900, Part IV, line 26, or if the organization     reported an amount on Form 900, Part X, line 5, or 22     for the amount of Tam 900, Part X, line 5, or 22     for the organization     reported an amount on Form 900, Part X, line 5, or 22     for form     interested person     for form     for     form     for form     for form		GOT	o www.irs.gov/Fo	orm99	U for II	nstruc	lions and the	alate	est information.		nlove		•		umbor
Part II       Excess Benefit Transactions (section 501(c)(4), and 501(c	Name of the organization	GE2P2 GI	OBAL FOUN	דאמ	ידסא	r									mbei
Complete if the organization answered Yes' on Form 990, Part IV, line 25b, or Form 990-EZ, Part V, line 40b.         1       (a) Name of disqualified person       (b) Relationship between disqualified person of transaction       (c) Description of transaction       (d) Corrected?.         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4956       5	Part I Excess Be						1(c)(4), and 5	01(c)	(29) organizatior			010			
1 (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       (d) Corrected?         2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       5       5         3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization       5       5         Part II       Coars to and/or From Interested Persons.       5       5         Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 36, or 22.       (e) Original and or the organization answered 'Yes' on Form 990-EZ, Part V, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6; or 22.         (a) Name of interested person       (b) Relationship       (c) Purpose (d) Original and or the organization or form 990, Part X, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6; or 22.         (a) Name of interested person       (c) Purpose (d) Original or the organization organization or the organization organization or the organization o												Db.			
Period and organization     Period and organization managers or disqualified persons during the year under     section 4938     S     For the amount of tax, if any, on line 2, above, reimbursed by the organization     Period an amount on tax, if any, on line 2, above, reimbursed by the organization     Period an amount of tax, if any, on line 2, above, reimbursed by the organization     reported an amount on form 900, Part X, line 5, 6, or 22.     (a) Name of interested Persons.     Complete if the organization     To from     To from     To from     Point Part II     Committee?     Principal and out     Principal and out	1	(b											(d)	Corre	ected?
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Forn 990, Part IV, line 26, or if the organization reported an amount on Form 990-EZ, Part V, line 38a or Forn 990, Part IV, line 26, or if the organization interested person (a) Name of (b) Relationship (c) Purpose (d) Leans or born 990, Part X, line 37. (a) Name of (b) Relationship (c) Purpose (d) Leans or born 990, Part X, line 38a or Forn 990, Part X, line 38a or Forn 990, Part X, line 38a or Forn 990, Part X, line 26. (b) Relationship (c) Purpose (d) Leans to a granuation of logical principal and/our principal and/our distance due (c) Interested person (c) Purpose (d) Leans to a granuation of logical principal and/our principal and/our distance due (c) Interested person To From Yes No Total	(a) Name of disqualified	a person	person and or	ganiza	ation		(	<b>c)</b> De	escription of tran	Isactio	bn		Y	es	No
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990-Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose (d) Leans to cr jorganization of loan (d) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (d) Leans to cr jorganization (f) Relationship (c) Purpose (c) Leans to cr jorganization (f) Relationship (c) Purpose (c) Leans to cr jorganization (f) Relationship (c) Purpose (c) Leans to cr jorganization (f) Relationship (c) Purpose (c) Leans to cr jorganization (f) Relationship (c) Purpose (c) Leans to cr jorganization (f) Relationship (c) Purpose (c) Leans to cr jorganization (f) Relationship (c) Purpose (c) Leans to cr jorganization (g) Relationship between interested person and the organization (g) Relationship between (g) Leans to cr jorganization													$\perp$		
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section 4958     Section 495     Section 495     Section 495     Section 495     Secti													—		
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Part II       Loans to and/or From Interested Persons.         Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.       (a) Name of interested person       (b) Relationship (c) Purpose (of loan form principal and our prindipal and our princ	3 Enter the amount of ta	ax, if any, on line	2, above, reimburs	ed by	the or	ganiza	tion				▶ \$				
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.          (a) Name of interested person       (b) Relationship (c) Purpose of of loan       (d) Loan to or organization       (e) Original or or organization       (f) Balance due (g) in the organization       (g) In the organization or commented agreement?         (a) Name of interested person       (b) Relationship (c) Purpose of of loan       (f) To From       (f) Balance due (g) in the organization       (g) In the organization or commented agreement?         (a) Name of interested person       To From       To From       Yes       No       Yes       No       Yes       No         (a) Name of interested person       Interested Persons.       Interested Persons.       Interested Persons.       Interested Person of assistance       Interested Person of assistance         (a) Name of interested person       (b) Relationship berson and the organization       (c) Amount of assistance       (e) Purpose of assistance         (a) Name of interested person       (b) Relationship between interested person and the organization       Interested person and the organization       (c) Amount of assistance       (e) Purpose of assistance		.,													
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(a) Name of interested person       (b) Relationship with organization       (c) Purpose of loan       (e) Original organization       (f) Balance due granization       (g) In default?       (h) Approved by Daat of committee?       (g) Writen default?         To       From       Yes       No       Yes       No       Yes       No         Image: State of the organization       To       From       Image: State of the organization       Image: State of the		-				Z, Part V	/, line 38a or	Forn	i 990, Part IV, lir	ie 26;	or if th	ne orga	inizati	ion	
Interested person       With organization       (r) a brow       from the of loan       (r) basic of loan       (r) basic	·					6	Original	$\Theta_{i}$		10		(h) Ap	provec		Vritten
To       From       Yes       No       Yes       No       Yes       No         Image: Second				fron	n the		ipal arrount	) N.	balance que			by bo	ard or	1 11/1	ement?
Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 27.     (d) Type of assistance     (e) Purpose of assistance       Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 27.     (f) Purpose of assistance     (f) Type of assistance					1					Yes	No	1		Yes	No
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance				10		•	3					1.00		1.00	
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance							<u>,                                     </u>								
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance						20									
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance					C										
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance					5						ļ				
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance															
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance															
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance				ľ –											
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance															
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance	Total		- 4.4				> \$	-							
(a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance	Part III Grants or A	Assistance B	enefiting Inter	reste	d Pe	rsons									
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the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organization       Image: Constraint of the organization         Image: Constraint of the organizatio	(a) Name of intereste	d person				· ·						• •			of
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2017	HA For Paparwork Pode	uction Act Notic	a saa tha Instruc	tions	for Ec	rm 000	) or 000∠⊏7		Coh	adula		rm 000		90-57	7) 2017

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Schedule L (Form 990 or 990-EZ) 2017 GE2P2	GLOBA	L FOUN	DATION		8	31-2901	344	Page <b>2</b>
Part IV Business Transactions Involv	-							
Complete if the organization answered (a) Name of interested person	(b) Relat	ionship bet	veen interested brganization	(c) Amount of transaction		scription of saction	organiz	aring of zation's nues?
			0 001775	60.000			Yes	No
DAVID R. CURRY ASSOCIATES	DRCA	IS >35	St CONTRO	69,000.	DRCA	PROVID		X
Part V Supplemental Information Provide additional information for response	onses to q	uestions on	Schedule L (see	e instructions).				
SCH L, PART IV, BUSINESS T	'RANSA	CTIONS	INVOLVI	NG INTEREST	'ED PI	ERSONS:		
(A) NAME OF PERSON: DAVID	R. CU	URRY AS	SOCIATES	G (DRCA)				
(B) RELATIONSHIP BETWEEN I	NTERE	STED F	ERSON AN	ID ORGANIZAT	ION:			
DRCA IS >35% CONTROLLED BY	OFFI	CER, I	AVID R.	GURRY				
(D) DESCRIPTION OF TRANSAC	TION:	DRCA	PROVIDEI	ADVISORY A	ND EI	DITORIA	L	
SERVICES TO THE FOUNDATION	ſ <b>.</b>		e <sup>CU</sup>					
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732132 10-18-17				S	chedule L	. (Form 990 d	or 990-E	<b>Z)</b> 2017
			27					

22131029 131844 097-10343300 2017.06020 GE2P2 GLOBAL FOUNDATION 097-6FU1

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.

Supplemental Information to Form 990 or 990-EZ



Employer identification number 81 - 2901344

### FORM 990, PAGE 1, BOX B:

THE 'NAME CHANGE' BOX IS CHECKED IN ORDER TO GET THE NAME CORRECTED IN

THE IRS DATABASE. THE NAME HAS NOT CHANGED, THE CORRECT NAME FOR THE

FOUNDATION IS GE2P2 GLOBAL FOUNDATION; THE CERTIFIED ARTICLES OF

GE2P2 GLOBAL FOUNDATION

INCORPORATION ARE ATTACHED TO SUBSTANTIATE THIS AS THE CORRECT NAME.

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

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

IMMUNIZATION AND VACCINES:

(A) BUILDING AND REFINING THE ETHICAL FRAMEWORKS THAT HELP ASSURE THAT

POLICY PROCEEDS FROM VALUES AND ALIGNS WITH THEIR IMPLICATIONS,

(B) ANALYZING AND COMMUNICATING ABOUT ACCINE EVIDENCE, ETHICS AND

POLICY IN SCHOLARLY JOURNALS, THE MEDIA AND IN OTHER FORA,

(C) INNOVATING NEW ANALYTICAL, VISUALIZATION AND DECISION APPROACHES

TO ADDRESS THESE ISSUES, AND

(D) CONVENING THE FULL VACCINE COMMUNITY TO CONSIDER EVIDENCE, ETHICS

AND PRACTICAL SOLUTIONS, ADDRESSING OPPORTUNITY AND PERFORMANCE.

(E) CVEP ALSO OFFERS A KNOWLEDGE-SHARING SERVICE THROUGH PUBLICATION

OF VACCINES AND GLOBAL HEALTH: THE WEEK IN REVIEW. THIS COMPREHENSIVE

WEEKLY DIGEST AGGREGATES NEWS, EVENTS, ANNOUNCEMENTS, PEER-REVIEWED

ARTICLES AND RESEARCH IN THE GLOBAL VACCINE ETHICS AND POLICY SPACE.

CONTENT IS SELECTED FROM KEY GOVERNMENTAL, NGO, INTERNATIONAL

ORGANIZATION AND INDUSTRY SOURCES, KEY PEER-REVIEWED JOURNALS, AND

OTHER MEDIA CHANNELS.

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

HEALTH INTERVENTIONS, HUMAN RIGHTS, AND HUMANITARIAN RESPONSE TO THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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22131029 131844 097-10343300 2017.06020 GE2P2 GLOBAL FOUNDATION 097-6FU1

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization GE2P2 GLOBAL FOUNDATION	Employer identification number 81-2901344
FULL RANGE OF NATURAL AND MANMADE DISASTERS AND COMPLEX E	MERGENCIES.
(3) CEPAM CONDUCTS RESEARCH, CONVENES SYMPOSIA AND WORKSH	OPS,
PUBLISHES, AND DEVELOPS ETHICAL GUIDANCE AND POLICY CONCE	RNING FAIR,
EQUITABLE AND EFFECTIVE ACCESS TO PHARMACEUTICAL PRODUCTS	INCLUDING
DRUGS, BIOLOGICS, VACCINES, ESSENTIAL MEDICINES AND MEDIC	AL DEVICES.
FOCUS AREAS INCLUDE GENERAL BIOETHICAL ISSUES ASSOCIATED	WITH RESEARCH,
DISCOVERY, AND CLINICAL TRIALS FOR INVESTIGATIONAL MEDICI	NES;
COMPASSIONATE USE/PRE-LICENSURE/EXPANDED ACCESS PROGRAMS,	AND ACCESS TO
VACCINES AND ESSENTIAL MEDICINES IN LOW RESOURCE SETTINGS	AND
HUMANITARIAN CONTEXTS GLOBALLY.	
- 021	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE FOUNDATION DID NOT HAVE ANY COMMITTEES WITH BOARD DEL	EGATED AUTHORITY
DURING THE TAX YEAR, IF THERE WAS SUCH A COMMITTEE MINUTE	S WOULD HAVE BEEN
REQUIRED TO BE TAKEN.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIR	M, A DRAFT IS THEN
REVIEWED BY THE PRESIDENT AND TREASURER, AND THEN THE FUL	L BOARD REVIEWS
THE FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE	SERVICE.
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIA	L STATEMENTS
AVAILABLE TO THE PUBLIC AT THEIR WRITTEN REQUEST. AT THIS	TIME THE
FOUNDATION DOES NOT HAVE A WRITTEN CONFLICT OF INTEREST P	OLICY.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ADVISORY SERVICE:	

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22131029 131844 097-10343300 2017.06020 GE2P2 GLOBAL FOUNDATION

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2 Employer identification number
GE2P2 GLOBAL FOUNDATION	81-2901344
PROGRAM SERVICE EXPENSES	15,000.
MANAGEMENT AND GENERAL EXPENSES	22,500.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,500.
BIOETHICS ADVISORY PROGRAM:	
PROGRAM SERVICE EXPENSES	61,525.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	61,525.
- 27	
EDITORIAL SERVICES:	
PROGRAM SERVICE EXPENSES	69,325.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	69,325.
TOTAL OTHER FEES ON FORM (1), PART IX, LINE 11G, COL A	A 168,350.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS TOOK RESPONSIBILITY FOR HIRING	AN INDEPENDENT
ACCOUNTING FIRM AND THEN OVERSAW THE COMPILATION THROU	JGH REGULAR
COMMUNICATION WITH THE INDEPENDENT ACCOUNTING FIRM.	
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)
L31029 131844 097-10343300 2017.06020 GE2P2 GLOBAL FO	UNDATION 097-6FU1

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<b>/</b>	0001

#### (Form 990)

Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

2017 Open to Public Inspection

 $\begin{array}{c} \text{Employer identification number} \\ 81-2901344 \end{array}$ 

Name of the organization

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

Name of the organization

#### GE2P2 GLOBAL FOUNDATION

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

	i				
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
		1			
		1			
		0,			
		$C^{O^{*}}$			
		<u>C</u>			
		©~			
Bart II Identification of Related Tax-Exempt Organiza	tions. Complete if the organization and	swered "Yes" on Form 990. Pa	rt IV. line 34. becau	se it had one or more	related tax-exempt
Part II organizations during the tax year.					· · · · · · · · · · · · · · · · · · ·

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activty	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>3)</b> 512(b)(13) rolled ity?
	"Y			501(c)(3))		Yes	No
	]						

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

Schedule R (Form 990) 2017

## Schedule R (Form 990) 2017 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)	(9	3)	(ł	ר)	(i)		(j)	(	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under		e of total come		re of f-year sets	alloca		amount in bo 20 of Schedu		General or managing partner?	own	entaç ershi
		country)		sections	512-514)					Yes	No	K-1 (Form 10	65) <b>Y</b>	/es No		
	_															
	_															
		_														
	_															
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	-															
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	-					S	3									
	-				6	0X	•									
	-				C C	)										
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				e c												
art IV Identification of Related C	) Proanizations Taxable	as a Corpo	pration or Trust. Co	omolete if t	ne organizat	ion ansv	vered "Yes	s" on For	m 990. Pa	art IV.	line 34	4. because it h	ad or	ne or m	ore re	elater
organizations treated as a c	corporation or trust du	ring the tax	year.		U				,	,						
(a)			(b)	(c)	(d)		(e)		(f)			(g)	(	(h)		(i) ection
Name, address, and		Prim	ary activity	egal domicile	Direct cont		Type of	entity	Share o					entage	512	2(b)(13)
of related organizat	ion		<i>SOL</i> .	(state or foreign	entity	/	(C corp, S or tru		inco	me		end-of-year assets	own	ership		ntrolled ntity?
				country)								400010			Yes	N
2P2 GLOBAL ADVISORY SERVICE	S PBC -		"X													
-5251400, 605 W UPSAL ST.,	STE. 300,				GE2P2 GLO	BAL										
IILADELPHIA, PA 19119		ADVISORY	SERVICES	DE	FOUNDATIO	N	C CORP		5	4,211	1.	6,984.	10	0.00%	X	

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership		i) tion b)(13) rolled ity?
		country)		0				Yes	No
GE2P2 GLOBAL ADVISORY SERVICES PBC -	N N N								
81-5251400, 605 W UPSAL ST., STE. 300,			GE2P2 GLOBAL						
PHILADELPHIA, PA 19119	ADVISORY SERVICES	DE	FOUNDATION	C CORP	54,211.	6,984.	100.00%	X	
	-								

### Schedule R (Form 990) 2017 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.

No	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
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)		<u>N</u>		<b>1</b> i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)		$c_0^{x}$		1k		Х
I.	Performance of services or membership or fundraising solicitations for related orga	nization(s)	U		11		X
n	Performance of services or membership or fundraising solicitations by related orga	nization(s)	0		1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)	)`		1n		Х
0	Sharing of paid employees with related organization(s)				10		X
-	Sharing of paid employees with related organization(s)	- ()					
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	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		Х
	If the answer to any of the above is "Yes," see the instructions for information on w						
		•		•			
	(a) Name of related organization	<b>(b)</b> Transaction	<b>(c)</b> Amount involved	( <b>d)</b> Method of determining amount inv	volved		
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(4)							
(5)							
<u>()</u>							

(6)

### Schedule R (Form 990) 2017 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)	(b)	(c)	(d)	(e Are a	)	(f)	(g)	()	h)	(i)	(j	) (F	k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501 (c) orgs	s sec. :)(3) s.?	Share of total income	Share of end-of-year assets	tior alloca	ropor- nate itions?		Gener mana partr	<sup>al or</sup> Perce <sup>ging</sup> er? owne	entag ershi
		oound y)	Sections 512-514)	Yes	No		400010	Yes	No		Yes	No	
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	-												
	-												
						1							
						2							
						6,							
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Schedule R (Form 990) 2017

Form <b>8868</b>
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(Rev. January 2017)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Enter filer's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions. GE2P2 GLOBAL FOUNDATION			Employer identification number (EIN) or		
print				81-2901344		
File by the due date for				Social se	pcial security number (SSN)	
filing your return. See	" 605 WEST UPSAL ST., NO. 300				· · · · <b>,</b> · · · · ·	()
instruction						
Enter th	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			01
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041.			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 5069			11
Form 990-T (trust other than above) THE ORGANIZATIO			5 orm 8870			12
box ▶ 1 Ir fo	equest an automatic 6-month extension of time until	and atta	nch a list with the names and EINs o MBER 15,2018, to file	f all memb	ers the exter	nsion is for.
	X calendar year 2017 or					
	▶ tax year beginning, and ending					
<b>2</b> If	If the tax year entered in line 1 is for less than 12 months, check reason:					
3a lf	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
nc	onrefundable credits. See instructions.			3a	\$	0.
b lf	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
es	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	-				0
by using EFTPS (Electronic Federal Tax Payment System). See instructions				3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawa ons.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	, see instr	uctions.		Form 8	868 (Rev. 1-2017)