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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

PHILADELPHIA	В	Check if applicable	C Name of organization		D Employer identific	cation number
Description	г	Addre	SS CE2P2 GLOBAL FOUNDATION			
Number and street of P.D. box (I mail is not delivered to street address) Soom/suite G05 WEST UPSAL STREET G05 WEST UP	H	─Name			81-2	901344
Comparison Com	F	□Initial	<u> </u>	n/suite		
City or town, state or province, country, and 2IP or foreign postal code Figure	Ē	Final	605 WEGT TIDGAT GTDEET 300			
PHILADELPHIA, PA 19119		termir				434,946.
Private and address of principal officer.DAVID R. CURRY SAME AS C ABOVE		Amen return			H(a) Is this a group re	
SAME AS C ABOVE I Taxexemptratus: IX 301(c)(3)		Ition	F Name and address of principal officer:DAVID R. CURRY		1	
J Websites: NWW . GE2P2.ORG			SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
Number of prainting Summary 1	1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
Summary Summary Firm's address Summary Singhty describe the organization's mission or most significant activities: ADVANCING SCIENTIFIC RIGOR AND ETHICAL RESILIENCE IN RESEARCH AND EVIDENCE GENERATION Check this box Lift he organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization is discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization is discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization is discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization is discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization is discontinued its operations or disposed of more than 25% of its net assets. Check this box Lift he organization is discontinued its operation or disposed of more than 25% of its net assets. Check this box Lift he organization is discontinued its operation or disposed of more than 25% of its net assets. Check this box Lift he organization of the properties of the check this box Lift he organization of the properties of the check this box Lift he organization of the properties of the power of t						
Bitiefly describe the organization's mission or most significant activities: ADVANCING SCIENTIFIC RIGOR AND ETHICAL RESILIENCE IN RESEARCH AND EVIDENCE GENERATION				L Year	of formation: 2016 N	A State of legal domicile: DE
ETHICAL RESILIENCE IN RESEARCH AND EVIDENCE GENERATION Check this box	P			· NTC	COTENMENT	DICOD AND
b Net unrelated business taxable income from Form 990-T, line 38	ance	1	Briefly describe the organization's mission or most significant activities: ADVANCI ETHICAL RESILIENCE IN RESEARCH AND EVIDENCE	GE	NERATION	RIGOR AND
b Net unrelated business taxable income from Form 990-T, line 38	š	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net as	ssets.
b Net unrelated business taxable income from Form 990-T, line 38	Š					6
b Net unrelated business taxable income from Form 990-T, line 38	∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)	77		5
b Net unrelated business taxable income from Form 990-T, line 38	ies			X		0
b Net unrelated business taxable income from Form 990-T, line 38	Ξ					
8	Ac					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7g) 11 Other revenue (Part VIII, column (A), lines 3, 64, 8c, 9c, 0c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Fart VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising lees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Revenue less expenses (Part IX, column (A), line 1e) 20 Total assets of Part IX, column (A), line 12 21 Total aliabilities (Part X, line 16) 22 Total assets of Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Nature Block 10 Total assets of part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Nature Block 10 Total assets of part X, line 26) 24 Data sasets or fund balances. Subtract line 21 from line 20 25 Nature A 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. 10 Part II Signature Block 11 Other expenses (Part X, line 26) 25 Nature (Other Part X, line 26) 26 Date (Part X, line 26) 27 Document (Part X, line 26) 28 Nature (Part X, line 26) 29 Date (Part X, line 26) 20 Total assets or fund of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is fund, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is firm's name and title 10 DaVID R. CURRY, PRESIDENT & CEO 11 DaVID R. LIRA 11 Prim's name CUITTONLARSONALLEN LIP 12 Prim's name CUITTON		р	Net unrelated business taxable income from Form 990-1, line 38	····		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7g) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 4c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Faīt VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column A), lines 1-3) 14 Benefits paid to or for members (Part IX, column A), lines 1-3) 15 Salaries, other compensation, employee sherifts (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 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. Primy per oprint name and title Print/Type preparer's name CONNIE M. LIRA Primy same CONNIE M. LIRA Primy same CONNIE M. LIRA Firm's name CUTFTONLARSONALLEN LLP Firm's name CUTFTONLARSONALLEN LLP Firm's name CUTFTONLARSONALLEN LLP Firm's address 610 W. GERMANTOWN PIKE, STE. 400 Phone no. 215 - 643 - 3900	_	۵	Contributions and grants (Part VIII, line 1h)	-		
1	nue			.		
1	eve			.	-	0.
12 Total revenue - add lines 8 through 11 (must equal Flart VIII, column (A), line 12)	č				0.	0.
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Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising ese (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of fund balances. Subtract line 21 from line 20 23 Part II Signature Block 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24 Other expenses (Part IX, column (A), lines 15) 25 Other expenses (Part IX, column (A), line 25) 26 Description of Current Year 27 End of Year 28 Beginning of Current Year End of Year 50 , 820 • 97 , 309 29 Net assets of fund balances. Subtract line 21 from line 20 50 , 820 • 96 , 863 Part 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. 29 DAVID R. CURRY, PRESIDENT & CEO Type or print name and title 20 Print/Type preparer's name 20 CONNIE M. LIRA 21 CONNIE M. LIRA 21 Preparer's signature 22 CONNIE M. LIRA 23 Firm's name 24 CURRY Preparer's signature 25 CONNIE M. LIRA 26 Firm's name 26 CIFTONLARSONALLEN LLP 27 Firm's laddress 28 Firm's address 29 At 1-0746749 Phone no. 215-643-3900		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		~ -	0.
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19 Revenue less expenses. Subtract line 18 from line 12 50,531. 46,043.	_				177,910.	388,903.
Beginning of Current Year End of Year 50,820. 97,309 0. 446 0.						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	_ v		Revenue less expenses. Subtract line 18 from line 12			
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	ASSI	21		.		446.
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. David Curry DocuSign 11/14/2019					-	-
Sign Here DAVID R. CURRY, PRESIDENT & CEO Type or print name and title Print/Type preparer's name CONNIE M. LIRA Preparer Use Only Firm's address Firm's address PLYMOUTH MEETING, PA 19462 POCUSIGN 11/14/2019 Date Date 11/6/2019 Firm's EIN Firm's EIN Firm's EIN PTIN PTIN PTIN PTIN PTIN PTIN PTIN P1/6/2019 Firm's EIN Firm's EIN Phone no. 215-643-3900	Unc	ler pena	lities of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of m	y knowledge and belief, it is
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Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749	اوD	ч			1/6/2019	
Use Only Firm's address 610 W. GERMANTOWN PIKE, STE. 400 PLYMOUTH MEETING, PA 19462 Phone no. 215-643-3900				<u>i</u> _	3011 chilphoys	
PLYMOUTH MEETING, PA 19462 Phone no. 215-643-3900					I IIIII 3 LIIV	
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	Ma	y the II			1	

Pa	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: THE MISSION OF GE2P2 GLOBAL FOUNDATION (FOUNDATION) IS TO ADVANCE
	ETHICAL AND SCIENTIFIC RIGOR IN RESEARCH AND EVIDENCE GENERATION
	ACROSS HUMAN RIGHTS, HUMANITARIAN RESPONSE, HEALTH, EDUCATION,
	HERITAGE STEWARDSHIP, AND DEVELOPMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 211,238 • including grants of \$ 0 •) (Revenue \$ 331,005 •)
	THE FOUNDATION OPERATES THROUGH A PORTFOLIO OF CENTERS AND PROGRAMS TO
	FOCUS THE WORK AND ENGAGES THE COMPETENCIES, EXPERIENCE, AND INSIGHTS
	OF A GLOBAL NETWORK OF ELECTED "FELLOWS" OF THE FOUNDATION. FELLOWS
	WILL INCLUDE ACADEMIC, AGENCY AND GOVERNMENT LEADERS, FIELD
	PRACTITIONERS, SCIENTISTS, RESEARCHERS, ETHICISTS, DOMAIN AND CULTURAL
	CONTEXT EXPERTS, SCHOLARS IN THE SOCIAL AND BLO SCIENCES AND THE
	HUMANITIES, KNOWLEDGE MANAGEMENT EXPERTS, AND MANY OTHERS. DURING 2018 THE FOLLOWING CENTERS WERE ACTIVE: (1) CENTER FOR VACCINE ETHICS AND
	POLICY (CVEP), (2) CENTER FOR DISASTER AND HUMANITARIAN ETHICS (CDHE),
	(3) CENTER FOR ETHICS AND POLICY ON ACCESS TO MEDICINES (CEPAM).
	(3) CENTER TOR ETHICS THE TODICT ON RECEDS TO MEDICINES (CEITMI).
4b	(Code:) (Expenses \$
	<u>C</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 211,238.
	Form 990 (2018)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D,			
а	2.414	11a		X
h	Did the organization report an amount for investments - other securities in Pan X, line 12 that is 5% or more of its total	1 Ia		 -
	assate vanished in Dark V. line 100 lf IVon II complete Calculus D. Bort VIII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, in e 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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 position's 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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ _{3,7}
4-	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	4-		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Α_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	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,"	.0		<u></u>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV	Checklist of Required Schedules (continued)

	Checking of Hedging Continuedy								
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>								
04-	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								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b							
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L, Part I	25b		X					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or								
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			X					
07	complete Schedule L, Part II	26		Λ					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		х					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х					
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х					
С	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 Scredule L, Part IV	28c	X						
29	Did the organization receive more than \$25,000 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			X					
24	contributions? If "Yes," complete Schedule M	30		Λ					
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	- 31							
-	Schedule N, Part II	32		Х					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," complete Schedule R, Part V, line 2	36		X					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
20	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? Note. All Form 990 filers are required to complete Schedule O	38	Х						
Pai	Note. All Form 990 filers are required to complete Schedule O	_ 55		<u> </u>					
	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								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c							

832004 12-31-18

Form 990 (2018) GE2P2 GLOBAL FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

0-	Established and the second and the s	1		Yes	No					
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0								
h	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
32			За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		Х					
b	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?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).				37					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	_		v					
	to file Form 8282?		7с		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7-		Х					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e 7f		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contribution of qualified intellectual property, oid the organization file Fo		7g		21					
g h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file organization file of the organization file organization file of the organization file of the organization file of the organization file organization file of the organization file of the organization file of the organization file organization f		79 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7.1.							
•			8							
9	Sponsoring organizations maintaining donor advised funds.									
а			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	1								
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.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a							
а	Is the organization licensed to issue qualified health plans in more than one state?		ISa							
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?		15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.									
			Earm	990	(2012)					

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedul O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	:0		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 996 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA	_ ·	_ **	- 1- 1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	-I C'		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	a tinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 267-251-2305			
	605 WEST UPSAL STREET, NO. 300, PHILADELPHIA, PA 19119			
	000 HERE OF STREET, NO. 500, THILIDDENINA, IA 15115			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) (B)			41 1126		C)	прсі	isat	(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_			d a director/trustee)		tee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(44-2/1099-141120)	from the organization
	organizations	truste	al trus		yee	mper		(11 2) 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	l la	Key employee	est co loyee	Je.	63		organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former	-0K		
(1) DAVID R. CURRY, MS	5.00							U .		_
PRESIDENT & CEO	5.00	Х		Х			0	0.	0.	0.
(2) ARTHUR L. CAPLAN, PHD	5.00				Ι.		D			•
FOUNDING DIRECTOR	5.00	Х			حَ		lacksquare	0.	0.	0.
(3) KRISTEN A. FEEMSTER, MD, MPH, MS	3.00	٦,			2	ľ			_	0
DIRECTOR	2.00 3.00	Х		Ó		<u> </u>	_	0.	0.	0.
(4) ROBERT I. FIELD, PHD, MPH, JD		X	1	? `				0.	0.	0.
(5) DONAL O'MATHUNA, PHD	3.00							0.	0.	
DIRECTOR	2.00	LX.						0.	0.	0.
(6) BARBARA K. REDMAN, PHD, MBE	3.00							•	•	
DIRECTOR	2.00	х						0.	0.	0.
-								-	-	
		L	L	L	L	L	L			
			_				_			

(E)

(B)

(C)

(D)

(A)

Page 8	
(F)	
stimated	
nount of other	
pensation	
om the	
anization	
d related	
anizations	

Name and title	Average hours per	box	not c	ss pe	more rson i	than is bot or/trus	h an	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			on amount of		
	week (list any hours for related organizations below line)	ee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr org and	other pensa om the anizati d relate anizatio	e lon ed
								"					
								-06,					
							9	O					
dh Oob and					ځ		<u> </u>	0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VI	II, Section A		C	Ó	3			0.		0.			0.
d Total (add lines 1b and 1c)			Viste	ed al	bove	e) wł	no re		l),000 of reportab	_			0
compensation from the organization	, Silv	_ا_										Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch inaividual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com									idual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of con	npens	ation 1	rom	
the organization. Report compensation for (A)	the calendar y	ear e	endi	ng w	vith	or w	ithir	n the organization's tax (year.		(0	;)	
Name and business	address	NO	ONE	3				Description of s	ervices	C	ompe	nsatior	1
							\dashv						
2 Total number of independent contractors (i \$100,000 of compensation from the organic)		ot li	nite	d to		se lis	sted	I above) who received m	nore than				

Pa	πv	/		onee or	note to any lin	o in this Bort VIII			
			Check if Schedule O contains a resp	onse or	note to any iin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1	а					
ar our				b					
s, C				С					
Sift lar,				d					
iä,		е	Government grants (contributions)	е					
tior S		f	All other contributions, gifts, grants, and						
ig i			similar amounts not included above 1	f 1	03,941.				
d O		g	Noncash contributions included in lines 1a-1f: \$						
<u>8 6</u>		h	Total. Add lines 1a-1f			103,941.			
					usiness Code	224 225	224 225		
<u>e</u>	2	а	CONSULTING SERVICES		541900	331,005.	331,005.		
ez.		b							
n S		С							
grar Re		d							
Program Service Revenue		е							
ш.		f	All other program service revenue			331,005.	*		
			Total. Add lines 2a-2f			331,003.	7		
	3		Investment income (including dividends,	'	<i>'</i>		<i>O</i> ,		
	4		other similar amounts)		T T				
	5		Royalties	•	1				
			(i) Rea		(ii) Personal	. 0			
	6	а	Gross rents (I) Field	<u> </u>	(ii) i cisoriai	XIO			
			Less: rental expenses			200			
			Rental income or (loss)		7	0			
			Net rental income or (loss)		9				
			Gross amount from sales of (i) Secur		(ii) Other				
			assets other than inventory		.Cı				
		b	Less: cost or other basis		110				
			and sales expenses	77)				
		С	Gain or (loss)	2					
		d	Net gain or (loss)	·····	>				
ē	8	а	Gross income from fundraising events (r	not					
en/			including \$ of						
Вè			contributions reported on line 1c). See						
Other Revenu			Part IV, line 18						
₹			Less: direct expenses						
	١,		Net income or (loss) from fundraising eve		>				
	"	d	Gross income from gaming activities. Se Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming activiti						
	10		Gross sales of inventory, less returns	-ў Г					
		_	and allowances	a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of invent						
			Miscellaneous Revenue		usiness Code				
	11	а							
		b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d			424 245	224 665		
	12		Total revenue. See instructions		🕨 🛚	434,946.	331,005.	0.	0.

Form 990 (2018)	GE2P2	GLOBAL	FOUNDATION		81-2						
Part IX Statement of Functional Expenses											
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											

_	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
	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				
0	section 401(k) and 403(b) employer contributions)		*		
9	Other employee benefits		-	+	
10 11	Payroll taxes		~0,		
11	Fees for services (non-employees):		رن،		
a	Management				
b	Legal			+	
c d	Accounting Lobbying		k O	+	
e	Lobbying Professional fundraising services. See Part IV, line 17		D		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	SX		+	
9	column (A) amount, list line 11g expenses on Sch O.)	330,027.	167,727.	162,300.	
12	Advertising and promotion	. ()	,	,,,,,,,	
13	Office expenses	5,074.	730.	4,344.	
14	Information technology	864.	86.	778.	
15	Royalties	<u> </u>			
16	Occupancy				
17	Travel	51,025.	42,695.	8,330.	
18	Payments of travel or entertainment expenses		-	-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	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				
25	Total functional expenses. Add lines 1 through 24e	388,903.	211,238.	177,665.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	49,820.	1	96,309
2	Savings and temporary cash investments	1,000.	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			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
£ 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			10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	27	12	
13	Investments - program-related. See Part IV, line 11	14	13	
14	Intangible assets	3	14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	50,820.	16	97,309
17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable	0.	17	446
18	Grants payable		18	
19	Deferred revenue		19	
20	Deferred revenue Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ភ្ជ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	446
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	F0 000		06.063
ğ 27	Unrestricted net assets	50,820.	27	96,863
ਲ 28 n	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ő 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32 32 33 33 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds	E0 000	32	06 062
33	Total net assets or fund balances	50,820.	33	96,863
34	Total liabilities and net assets/fund balances	50,820.	34	97,309

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			46.
2	Total expenses (must equal Part IX, column (A), line 25)	2			03.
3	Revenue less expenses. Subtract line 2 from line 1				43.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4				20.
5	5 Net unrealized gains (losses) on investments5				
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	9	6,8	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		37	
2a			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both: Separate basis Separate 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			Х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Λ	
0-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit	ا ہے ا		x
	Act and OMB Circular A-133?		3a		<u> </u>
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irea audit	26		1
	or audits, explain why in Schedule O and describe and steps taken to undergo such audits		3b	aan	(2018)
			LOM	230	(CU10)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Name of the organization Employer identification number GE2P2 GLOBAL FOUNDATION 81-2901344 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no note than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit on to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				1		
6	Public support. Subtract line 5 from line 4.				N		
Sec	ction B. Total Support			-0	ζ.		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016)	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			.0			
8	Gross income from interest,			.0			
	dividends, payments received on						
	securities loans, rents, royalties,		0	P			
	and income from similar sources		0				
9	Net income from unrelated business		254				
	activities, whether or not the		11,				
	business is regularly carried on	•					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	.00					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
0	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2018 (I					14	<u>%</u>
	Public support percentage from 2017						%
16a	33 1/3% support test - 2018. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=	=	~	
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th				-		e
46	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Scho	eaule A (Form 990	0 or 990-EZ) 2018

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	olow, ploade comp	oloto i art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		. ,	. ,	` ,	, ,	. ,
	membership fees received. (Do not						
	include any "unusual grants.")			36,771.	156,941.	103,941.	297,653.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					331,005.	
3	Gross receipts from activities that				. = 7 0 0 0 0	00=,000	
	are not an unrelated trade or bus- iness under section 513						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_							
э	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			36,771.	228,441.	434,946.	700,158.
	Amounts included on lines 1, 2, and			ć	7		
	3 received from disqualified persons Amounts included on lines 2 and 3 received			15,000.	154,750.	102,750.	272,500.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				56.500 .	321,005.	377.505.
,	Add lines 7a and 7b			15,000.	211,250.	423,755.	650,005.
	Public support. (Subtract line 7c from line 6.)			D			50,153.
	ction B. Total Support						30723
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4) 2011	(3)2335	36,771.	(d) 2017 228,441.	434,946.	(f) Total 700,158.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		C		,	,	,
k	Unrelated business taxable income (less section 511 taxes) from businesses	"60					
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			36,771.	228,441.	434,946.	700,158.
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	
							<u> </u>
Se	ction C. Computation of Publi	in Command Da	rcentage				
	ction 6. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2018 (li			column (f))		15	%
	-	line 8, column (f), c	divided by line 13,			15 16	% %
16	Public support percentage for 2018 (li	line 8, column (f), c ' Schedule A, Part	divided by line 13,				
16	Public support percentage for 2018 (I Public support percentage from 2017 ction D. Computation of Inves	ine 8, column (f), c Schedule A, Part stment Incom	divided by line 13, III, line 15e Percentage				
16 Sec 17 18	Public support percentage for 2018 (li Public support percentage from 2017 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 2	ine 8, column (f), c 'Schedule A, Part stment Incom 118 (line 10c, colum 2017 Schedule A,	divided by line 13, III, line 15e Percentage nn (f), divided by I Part III, line 17	ine 13, column (f))		16 17 18	% % %
16 Sec 17 18	Public support percentage for 2018 (I Public support percentage from 2017 ction D. Computation of Inves Investment income percentage for 20	ine 8, column (f), c 'Schedule A, Part stment Incom 118 (line 10c, colum 2017 Schedule A,	divided by line 13, III, line 15e Percentage nn (f), divided by I Part III, line 17	ine 13, column (f))		16 17 18	% % %
16 Sec 17 18	Public support percentage for 2018 (li Public support percentage from 2017 ction D. Computation of Inves Investment income percentage for 20 Investment income percentage from 2	ine 8, column (f), control of Schedule A, Part stment Incomo 18 (line 10c, column 2017 Schedule A, organization did n	divided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 not check the box	ine 13, column (f)) on line 14, and line	15 is more than 3	17 18 3 1/3%, and line 1	% % %
16 Sec 17 18 19	Public support percentage for 2018 (li Public support percentage from 2017 ction D. Computation of Investing Investment income percentage from 2 Investment income percentage from 2 a 33 1/3% support tests - 2018. If the	ine 8, column (f), c Schedule A, Part stment Incom 18 (line 10c, colun 2017 Schedule A, organization did n ndstop here. The organization did n	divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17 not check the box organization qualinot check a box or	ine 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than 3 upported organiza	17 18 3 1/3%, and line 1 tion	% % 7 is not

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3с		
00		
4a		
4b		
TU		
_		
4c		
_		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
30		
10a		
10b		

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part V how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	. 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	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.	За		
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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must com	nplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	73	
e	Discount claimed for blockage or other	- (16	
	factors (explain in detail in Part VI):		,	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	1	ated Type III supporting ord	anization (see
	instructions).	J.	,, ii 93	•

Schedule A (Form 990 or 990-EZ) 2018

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	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 organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014		<u> </u>	
С	From 2015	- 0	<u> </u>	
d	From 2016	U		
е	From 2017			
f	Total of lines 3a through e	.0		
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount	0		
i	Carryover from 2013 not applied (see instructions)	0		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	251		
4	Distributions for 2018 from Section D,	// '		
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

	(1 om 600 of 600 22) 2010 1 ago 0
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV Section A lines 1.2.26.26.46.46.56.6.00.06.00.116.116.004.116.106.117.116.116.117.116.116
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	Quee manualment.)
	*.O`
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization

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 not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Ob 1. 16	a suggest that the Occasion Bulleton a Occasion Bulleton
, ,	s 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 Gelleral Rule and a Special Rule. See instructions.
General Rule	HOIL
X For an organization	a filing Form 000, 000 F7, as 000 PF that received Missing the year, contributions totaling \$5,000 as mare (in manay as
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from any	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
	, V2,
Special Rules	
	.:C
For an organization	n described in section 501(c)(3) hing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1)	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributo	or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ	line 1. Complete Parts I and II.
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the
year, total contribu	itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the
	Ity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
II, and III.	
,	
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the
year, contributions	exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box
	nere the total contributions that were received during the year for an exclusively religious, charitable, etc.,
purpose. Don't cor	mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively
	e, etc., contributions totaling \$5,000 or more during the year \>
.	
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),
but it must answer "No" on	Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to
	to a filtra and an advantage of O all and all a D (Ferrar 000, 000 F7, an 000 DF)

certify that it doesn't meet 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) (2018)

Name of organization Employer identification number

GE2P2 GLOBAL FOUNDATION

81-2901344

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 26,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIR + 4	(c) Total contributions	(d) Type of contribution
4	- PUD	\$\$	Person X Payroll
(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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GE2P2 GLOBAL FOUNDATION

81-2901344

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	11/2/2011	\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

E2P2	GLOBAL FOUNDATION			81-2901344
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	 a) through (e) and the following line en charitable, etc., contributions of \$1,000 or 	try For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			-07	
	Transferee's name, address, a	(e) Transfer or gif		nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
$-\lfloor$				
	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GE2P2 GLOBAL FOUNDATION

Employer identification number 81-2901344

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Pai	·		rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.	C 04	Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	lease1, extinguished, or terminated by the o	rganization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation eason ents in Staff and volunteer hours devoted to monitoring, in specting,		
6	Start and volunteer hours devoted to monitoring, in specting,	nandling of violations, and emorcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
•	S	ding of violations, and emoreing conservation	in easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
_	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		3
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

Pai	t III Organizations Maintaining C	collections of Ar	rt, Hist	orical Tr	easures,	or Oth	er Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following th	at are a s	significant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	L	oan or exc	hange progr	rams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further t	the organizat	tion's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical trea	asures, or oth	ner simila	ır assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" or	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		-						7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo	·	•					L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete in		swered "	'Yes" on F						
		(a) Current year	(b) Pr	ior year	(c) Two yea	ars back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance				10X					
b	Contributions				<u>) </u>					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships			<u>:(O)</u>						
е	Other expenditures for facilities		تح							
	and programs		_0							
f	Administrative expenses		<u> </u>							
g	End of year balance		2							
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	g, column (a)) held as:					
а	Board designated or quasi-endowment	<u> ن ن ن</u>	_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ula equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held a	and administ	ered for	the organi	zation	_	
	by:								_ Y	es No
	(i) unrelated organizations									
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on So	chedule R?)				3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 99	0, Part X	, line 10.			
	Description of property	(a) Cost or of			t or other		ccumulate		(d) Book	value
		basis (investn	nent)	basis	(other)	de	preciation			
	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line	10c.)					0.

Schedule D (Form 990) 2018

Part VIII Investments Other Securities			
Part VII Investments - Other Securities.	Farma 000 Dart IV	line 11h Cae Ferrer 000 F	and V. line 10
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value		vart X, line 12. luation: Cost or end-of-year market value
(A) F:	(b) Book value	(C) Method of Val	dation. Cost of end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)		1	
(5)		-07	
(6)		- Ox	
(7)			
(8)			
(9)		<u>'O' </u>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u>c</u> }	<u>, </u>	
Part IX Other Assets.			
Complete if the organization answered "Yes" (line 11d. See Form 990, P	
	Description		(b) Book value
(1)			
(2)	:\O		
(3)	<i>//</i>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.	5 000 D 104	" 11 11C E	000 B 1 V II 05
Complete if the organization answered "Yes" of	on Form 990, Part IV, I		990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Par	t XI Recon	ciliation of Revenue per Au	idited Financial Stateme	nts With Reve	nue per Return.	
	Complet	e if the organization answered "Yes	on Form 990, Part IV, line 12a.			
1	Total revenue, g	ains, and other support per audited	I financial statements		1	
2	Amounts includ	ed on line 1 but not on Form 990, P	art VIII, line 12:			
а	Net unrealized	ains (losses) on investments		2a		
b	Donated service	s and use of facilities		2b		
С	Recoveries of p	ior year grants		2c		
d		in Part XIII.)				
е	Add lines 2a th	ough 2d			2e	
3	Subtract line 26	from line 1			3	
4		ed on Form 990, Part VIII, line 12, b				
а	Investment exp	enses not included on Form 990, Pa	art VIII, line 7b	4a		
b	Other (Describe	in Part XIII.)		4b		
С	Add lines 4a an	l 4b			4c	
		dd lines 3 and 4c. (This must equal				
Par		ciliation of Expenses per A		ents With Exp	enses per Return.	•
	Complet	e if the organization answered "Yes	on Form 990, Part IV, line 12a.			
1	Total expenses	and losses per audited financial sta	tements		1	
2	Amounts includ	ed on line 1 but not on Form 990, P	art IX, line 25:			
а	Donated service	s and use of facilities		2a		
b	Prior year adjus	ments		2b		
С	Other losses			2c		
d	Other (Describe	in Part XIII.)		2d		
е		ough 2d		· 0X	2e	
3	Subtract line 26	from line 1		<u>)</u>	3	
4	Amounts includ	ed on Form 990, Part IX, line 25, bu	t not on line 1:			
а	Investment exp	enses not included on Form 990, Pa	art VIII, line 7b	4a		
b	Other (Describe	in Part XIII.)		4b		
С	Add lines 4a an	1 4b				
		Add lines 3 and 4c. (This must equa	al Form 990, P Int , line 18.)		5	
		mental Information.				
	-	ns required for Part II, lines 3, 5, and			; Part V, line 4; Part X, I	ine 2; Part XI,
lines :	2d and 4b; and I	art XII, lines 2d and 4b. Also compl	ete this part to provide any addi	tional information.		
D 3 D	.m 32 TTN					
PAR	T X, LIN	<u>E 2:</u>				
	IA CEMENTO		EOUND A MI ON LO MAS	, DOGTETO	IG AND GONGI	IIDED MILAM
MAN	IAGEMENT.	HAS EVALUATED THE	FOUNDATION S TAX	POSITION	NS AND CONCL	ODED THAT
m		TON HAC MARKEN NO I	INCERDED IN EAST DOG	TENTONIC DI	IAM DHOIITDH	
THE	LACINDAT	ION HAS TAKEN NO U	INCERTAIN TAX POS	STTIONS TH	HAT KEQUIKE	
7 D T	шсты	TO THE CONCOLLDANT	ED EINANGIAI CHAI	TEMENTO (CONCECUENTE V	NO.
ADU	OSTMENT	TO THE CONSOLIDATE	ED FINANCIAL STAT	EMENTS.	CNSEQUENTLY	, NO
700	יסוואי דיסם	INTEREST AND PENA	NIMIES WAS DEEME	MECECCAI	OV EOD MUE V	באם באנטבט
ACC	AUAL FUR	INIEKESI AND PENA	ALITES WAS DEEMET	NECESSAI	KI FOR INE I	EAK ENDED
חפר	EMBER 31	2010				
DEC	EMDEK 31	, 2016.				

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

G	E2P2 GL	OBAL FOUN	DA1	OI				81	-29	013	44		
Part I Excess Bene	fit Transac	tions (section 50)1(c)(3	3), sect	ion 501(c)(4), and 50	01(c)	(29) organizatio	ns only	/).				
Complete if the o	organization an	swered "Yes" on F	orm	990, Pa	art IV, line 25a or 25l	b, or	Form 990-EZ, F	art V,	line 40	Ob.			
1 (a) Name of disqualified p	(b)	Relationship betv			lified	•\ Da	scription of trar	ti .			(d)	Corre	cted?
(a) Name of disqualified p	Derson	person and or	ganiz	ation	(() De	scription of trai	isactio) i i		Ye	es	No
											\bot		
											+		
											+		
											+		
2 Enter the amount of tax i	nourred by the	organization man	agore	or disc	qualified persons du	ring	the year under						
	•	· ·	•		quaimed persons du	·	-		S				
3 Enter the amount of tax,									S				
,	, ,	.,	,		9-				•				
Part II Loans to and	d/or From Ir	nterested Pers	sons	.									
Complete if the c	organization an	swered "Yes" on F	orm	990-EZ	, Part V, line 38a or	Form	990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
reported an amo		00, Part X, line 5, 6				2	<u> </u>			V			
(a) Name of	(b) Relationship with organization			oan to or m the	(C) Original	(f)	Balance due		ln	(h) Ap	proved ard or nittee?	(i) W	ritten ment?
interested person	Willi Organizatio	of loan	<u> </u>	ization?	principal amount				 				
		+	То	From				Yes	No	Yes	No	Yes	No
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Total	-i-t D			D-	> \$								
		enefiting Inter											
		swered "Yes" on F					/-D T	- 4			<u> </u>		
(a) Name of interested p	person	(b) Relationship interested pers			(c) Amount of assistance		(d) Type assistan			•) Purp assista		Г
		the organiza		ıu									
									$\neg \uparrow$				
									- 1				

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

Schedule L (Form 990 or 990-EZ) 2018

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
				Yes	No
DAVID R. CURRY ASSOCIATES	DRCA IS >35% CONTRO	75,000.	DRCA PROVID		Х
Part V Supplemental Information.					
Provide additional information for response	onses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: DAVID	R. CURRY ASSOCIATES	(DRCA)			
(B) RELATIONSHIP BETWEEN I		. OK	CION:		
DRCA IS >35% CONTROLLED BY	~				
(D) DESCRIPTION OF TRANSAC	cillo-	ADVISORY A	AND EDITORIA	.L	
SERVICES TO THE FOUNDATION	ı				
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Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GE2P2 GLOBAL FOUNDATION

Employer identification number 81-2901344

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 VACCINE 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-SHAPING 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 CLOBAL 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
FULL RANGE OF NATURAL AND MANMADE DISASTERS AND COMPLEX EMERGENCIES.
(3) CEPAM CONDUCTS RESEARCH, CONVENES SYMPOSIA AND WORKSHOPS,
PUBLISHES, AND DEVELOPS ETHICAL GUIDANCE AND POLICY CONCERNING FAIR,
EQUITABLE AND EFFECTIVE ACCESS TO PHARMACEUTICAL PRODUCTS INCLUDING
DRUGS, BIOLOGICS, VACCINES, ESSENTIAL MEDICINES AND MEDICAL DEVICES.
FOCUS AREAS INCLUDE GENERAL BIOETHICAL ISSUES ASSOCIATED WITH RESEARCH,
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** GE2P2 GLOBAL FOUNDATION 81-2901344 DISCOVERY, AND CLINICAL TRIALS FOR INVESTIGATIONAL MEDICINES; COMPASSIONATE USE/PRE-LICENSURE/EXPANDED ACCESS PROGRAMS, AND ACCESS TO VACCINES AND ESSENTIAL MEDICINES IN LOW RESOURCE SETTINGS AND HUMANITARIAN CONTEXTS GLOBALLY. FORM 990, PART VI, SECTION A, LINE 8B: THE FOUNDATION DID NOT HAVE ANY COMMITTEES WITH BOARD DELEGATED AUTHORITY DURING THE TAX YEAR, IF THERE WAS SUCH A COMMITTEE MINUTES WOULD HAVE BEEN REQUIRED TO BE TAKEN. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, A DRAFT IS THEN REVIEWED BY THE PRESIDENT AND TREASURER, AND THEN THE FULL BOARD REVIEWS THE FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION C, NINE 19: THE FOUNDATION MAKES ITS OVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT THEIR WRITTEN REQUEST. AT THIS TIME THE FOUNDATION DOES NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY. FORM 990, PART IX, LINE 11G, OTHER FEES: ADVISORY SERVICE: PROGRAM SERVICE EXPENSES 108,200. MANAGEMENT AND GENERAL EXPENSES 162,300. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 270,500. EDITORIAL SERVICES:

Name of the organization GE2P2 GLOBAL FOUNDATION	Employer identification number 81-2901344
PROGRAM SERVICE EXPENSES	59,527.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,527.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	330,027.
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SCHEDULE R (Form 990)

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.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

GE2P2 GLOBAL FOUNDATION

Employer identification number 81-2901344

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)		me End-of-yea	ar assets		ontrolling ntity	J
		c08 ³	3					
		ection						
		OCC						
Part II Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, l	because it had on	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary act vit	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	Section 5 contr ent	olled
	111			501(c)(3))			Yes	No

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop alloca	ortionata		General	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	D
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				200							

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

Name, address, and EIN Primary activity Legal domicile (state or foreign) Of related organization Primary activity Legal domicile (state or foreign) Legal domicile (state or foreign) Percentage 512(Controlling Type of entity Share of total Share of total Share of ownership Controlling Type of entity Corp, S corp, Income end-of-year ownership Controlling Type of entity Share of total Share of	i) ition o)(13) rolled ity?
Yes	No
GE2P2 GLOBAL ADVISORY SERVICES PBC -	
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81-5251400, 605 W UPSAL ST., STE. 300, GE2P2 GLOBAL	l .
PHILADELPHIA, PA 19119 ADVISORY SERVICES DE FOUNDATION C CORP 350,480. 32,578. 100.00% X	
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Page 3

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

Not	te: 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 with one or n	related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		X				
b	o Gift, grant, or capital contribution to related organization(s)		1b		X				
С	Gift, grant, or capital contribution from related organization(s)		1c		X				
	Loans or loan guarantees to or for related organization(s)				X				
	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)		1f		X				
	Sale of assets to related organization(s)				X				
	Purchase of assets from related organization(s)				X				
	Exchange of assets with related organization(s)				X				
	Lease of facilities, equipment, or other assets to related organization(s)				X				
		4 7 3							
k	Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s)	٥٠١	1k		X				
1	Performance of services or membership or fundraising solicitations for related organization(s)	O	11		X				
m	n Performance of services or membership or fundraising solicitations by related organization(s)		1m	X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	J.	1n		X				
0	Sharing of paid employees with related organization(s)				X				
	Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses		1p		X				
q	Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses		1q		X				
r	Other transfer of cash or property to related organization(s)		1r		X				
s	Other transfer of cash or property from related organization(s)				X				
	If the answer to any of the above is "Yes," see the instructions for information on who must comp	this line, including covered relationships and transacti	on thresholds.						
	(a) Name of related organization (b) Transaction type (a-s)	(c) Amount involved Method of det	(d) termining amount involved						
1) (GE2P2 GLOBAL ADVISORY SERVICES PBC M	270,500.CASH TRANSFER							
2)									
3)									
4)									
5)									
6)									
	1	•							

Page 4

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	Are a	all s sec.	(f) Share of	(g) Share of	(h) Disprop	oor-	(i) Code V-UBI	Gene	j) eral or l	(k) Percentage
of entity		(state or foreign country)		partners 501 (c orgs Yes		total income	end-of-year assets	allocatio	ns?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part Yes	ner?	ownership
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Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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/e-file-providers/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. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 81-2901344 GE2P2 GLOBAL FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 605 WEST UPSAL STREET, NO. 300 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PHILADELPHIA, PA 19119 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 1041-A Form 990-BL 02 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 3069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) 06 orm 8870 12 THE ORGANIZATION • The books are in the care of ▶ 605 WEST UPSAL STITET, NO. 300 - PHILADELPHIA, PA 19119 Telephone No. ► 267-251-2305 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or ___ tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2019)

3b