Form	990-EZ	

Short Form

OMB No. 1545-1150

5

201

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

			Do not enter social secur	ity numbers on this	form as it mag	y be made p	ublic.		Open to Public
		of the Treasury nue Service	Information about Form 99	00-EZ and its instru	ctions is at w	/w.irs.gov/fo	rm990.		Inspection
Α	For the	2015 calenda	ar year, or tax year beginning	01/01	, 2015,	and ending		12/31	, 20 15
B	Check if ap	oplicable:	C Name of organization				D Emplo	oyer id	entification number
	Address c		Global Gratitude Alliance			-			5-4315806
	Name cha	•	Number and street (or P.O. box, if mail is no	ot delivered to street ad	tress)	Room/suite	E Telep	hone n	umber
	Initial retur	rn n/terminated	2237 15th Avenue					41	5-361-9771
	Amended		City or town, state or province, country, and	d ZIP or foreign postal o	ode		F Grou	ıp Exe	mption
	Applicatio	n pending	San Francisco, CA, 94116				Num	ber 🕨	►
G	Account	ting Method:	Cash 🖌 Accrual Other (spe	cify) 🕨		н	Check	► 🗌 i	f the organization is not
	Nebsite		.gratitudealliance.org				required	to att	ach Schedule B
JI	ax-exen	npt status (che	eck only one) – 🖌 501(c)(3) 🗌 501(c)	() < (insert no.)	4947(a)(1) o	· 🗌 527	(Form 99	90, 99	0-EZ, or 990-PF).
			Corporation Trust	Association	Other				
			7b to line 9 to determine gross receipts						
_			v) are \$500,000 or more, file Form 990 i					► \$	87,544
P	art I	Revenu	e, Expenses, and Changes in	Net Assets or F	und Balanc	es (see the	e instruc	tions	s for Part I)
		Check if	the organization used Schedule	O to respond to a	ny question	n this Part	<u> </u>		<u>/</u>
	1	Contributio	ons, gifts, grants, and similar amou	nts received				1	85,771
	2	Program se	ervice revenue including governme	nt fees and contra	cts			2	300
	3	Membershi	ip dues and assessments					3	0
	4	Investment	income		_.			4	63
	5a		ount from sale of assets other than	•			0		
	b		or other basis and sales expenses				0		
	с 6		ss) from sale of assets other than ir d fundraising events	ventory (Subtract	ine 5b from l	ne 5a)		5c	0
er	a	Gross inco	ome from gaming (attach Scher	-	than · · 6a		0		
Revenue	b		me from fundraising events (not ind			contributio	-		
ev V			aising events reported on line 1) (a			ooninbatio			
щ			h gross income and contributions				0		
	с		t expenses from gaming and fundr				0		
	d		e or (loss) from gaming and fundr			d 6b and su	ubtract		
		line 6c) .		•				6d	0
	7a	Gross sales	s of inventory, less returns and allo	wances	7a		1,410		
	b						862		
	с		it or (loss) from sales of inventory (Subtract line 7b fro	m line 7a) .			7c	548
	8		nue (describe in Schedule O)					8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c	, and 8			. 🕨	9	86,682
	10		I similar amounts paid (list in Sched					10	62,414
	11	Benefits pa	aid to or for members					11	0
ŝ	12		ther compensation, and employee					12	0
nse	13	Profession	al fees and other payments to inde	pendent contracto	rs			13	13,083
Expenses	14		y, rent, utilities, and maintenance					14	0
Щ	15		ublications, postage, and shipping					15	57
	16		enses (describe in Schedule O)					16	9,041
_	17		enses. Add lines 10 through 16					17	84,595
s	18		(deficit) for the year (Subtract line 1					18	2,087
set	19		or fund balances at beginning of						
Ast		end-of-yea	r figure reported on prior year's ret	urn)			[19	93,851
Net Assets	20	Other chan	iges in net assets or fund balances	(explain in Schedu	ıle O) <u>.</u>	<u></u>		20	0
z	21	Net assets	or fund balances at end of year. C	ombine lines 18 th	rough 20 .		. 🕨	21	95,938

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2015)

Form 990-EZ (2015)					Page 2
Part II Balance Sheets (see the instructions f	or Part II)				
Check if the organization used Schedule	O to respond to an	ny question in this I	Part II....		🗹
			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			93,889	22	97,488
23 Land and buildings		[0	23	0
24 Other assets (describe in Schedule O) See.Sche	edule O, Statement 2.	[312	24	1,925
25 Total assets			94,201	25	99,413
26 Total liabilities (describe in Schedule O) See Sc	hedule O, Statement.	3	350	26	3,475
27 Net assets or fund balances (line 27 of column			93,851	27	95,938
Part III Statement of Program Service Accom	plishments (see th	e instructions for P			· · ·
Check if the organization used Schedule	O to respond to ar	ny question in this I	Part III 🗌		Expenses
What is the organization's primary exempt purpose?	See Schedule O, Sta	tement 4		· ·	uired for section
Describe the organization's program service accomplis			rogram services		c)(3) and 501(c)(4) nizations; optional for
as measured by expenses. In a clear and concise m				othe	
persons benefited, and other relevant information for ea					
28 Kenya: Holistic support for orphaned youth. 22 yout		DS conflict and abu	se are cared		
for by our local partner in Kenya. In 2015, we suppor					
(Continued on Schedule O, Statement 5)			inding projects,		
(Grants \$ 45,116) If this amount	includes foreign gra	nts check here	► 🔽	28a	45.116
29 Ethiopia: Holistic education and skills for HIV affecte				200	45,110
by our two local partners in Ethiopia. In 2015, we sup					
(Continued on Schedule O, Statement 6)	porteu summer skin	s trainings including	vocational,		
(Grants \$ 11,158) If this amount	includos foroign gra	nte obeek here		29a	10.400
				29a	12,426
30 South Africa: Education, skills, and psychosocial su					
supporting an after school leadership program for 30	J boys and young me	n living in the townsi	nip of imizamo		
(Continued on Schedule O, Statement 7)	includes foreign gro	nto chool have	▶ □	20-	
<u>·</u> /	includes foreign gra		🕨 🗋	30a	0
31 Other program services (describe in Schedule O)			· · · · ·	04-	
(Grants \$ 6,140) If this amount				31a	-,
32 Total program service expenses (add lines 28a t				32	66,869
Part IV List of Officers, Directors, Trustees, and Key				istruc	ctions for Part IV)
Check if the organization used Schedule	O to respond to ar	(c) Reportable	d) Health benefits,	· ·	· · · · <u> </u>
(a) Nama and title	(b) Average hours per week	compensation	contributions to employ	ee (e)	Estimated amount of
(a) Name and title	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
				_	
Amy Paulson CPA	50.00	0		0	0
President				_	
Elayne Doughty MA MFT	7	2,006		0	0
Vice President					
Andrew Hughes CPA	7	0		0	0
Treasurer				_	
Kelly R Mason Esq	2	0		0	0
Secretary					
Christopher Garrett III	1	0		0	0
Director					

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(7) organizations. Enter: 39b	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \triangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41 42a	List the states with which a copy of this return is filed ► CA The organization's books are in care of ► Amy Paulson CPA Located at ► 2237 15th Avenue, San Francisco, CA 94116 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	115-36	16	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	Yes	No V
с	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<i>v</i>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45b		マ マ
				U 🖤

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	90-EZ (2015)						Page
						Yes	No
46	Did the organization engage, directly or in						
	to candidates for public office? If "Yes," of		, Part I		· 46		V
Part							
	All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and complete the	e tables f	or lin	es
	50 and 51.						
	Check if the organization used Scl	nedule O to respond	I to any question in t	his Part VI			. [
						Yes	Ν
7	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during the	tax		
	year? If "Yes," complete Schedule C, Par	tll			· 47		
8	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E	. 48		•
l9a	Did the organization make any transfers to	o an exempt non-cha	ritable related organiz	zation?	. 49a		
l9a b		•	•				L
b	If "Yes," was the related organization a se	ection 527 organizatio	on?		. 49b	es an	d k
49a b 50		ection 527 organization five highest compen	on?	ner than officers, direct	. 49b ors, truste		
b	If "Yes," was the related organization a se Complete this table for the organization's	ection 527 organization five highest compen \$100,000 of compen	on?	ner than officers, direct	. 49b ors, truste		
b	If "Yes," was the related organization a se Complete this table for the organization's	ection 527 organization five highest compen	on?	her than officers, direct nization. If there is none (d) Health benefits, contributions to employee	. 49b cors, truste e, enter "N (e) Estimate	lone."	, unt (
b	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	ection 527 organization five highest compen \$100,000 of comper (b) Average	on? Isated employees (oth Isation from the organ (c) Reportable	her than officers, direct nization. If there is none (d) Health benefits,	. 49b ors, truste e, enter "N	lone."	, unt d
b 50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	ection 527 organization five highest compenent \$100,000 of comperent (b) Average hours per week	on? Isated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is none (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b cors, truste e, enter "N (e) Estimate	lone."	, unt (
b 50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	ection 527 organization five highest compenent \$100,000 of comperent (b) Average hours per week	on? Isated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is none (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b cors, truste e, enter "N (e) Estimate	lone."	, unt (
b 50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	ection 527 organization five highest compenent \$100,000 of comperent (b) Average hours per week	on? Isated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is none (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b cors, truste e, enter "N (e) Estimate	lone."	, unt (
b 50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	ection 527 organization five highest compenent \$100,000 of comperent (b) Average hours per week	on? Isated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is none (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b cors, truste e, enter "N (e) Estimate	lone."	, unt (
b 50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	ection 527 organization five highest compenent \$100,000 of comperent (b) Average hours per week	on? Isated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is none (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b cors, truste e, enter "N (e) Estimate	lone."	, unt (
b 50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	ection 527 organization five highest compenent \$100,000 of comperent (b) Average hours per week	on? Isated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is none (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b cors, truste e, enter "N (e) Estimate	lone."	, unt (
b 50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	ection 527 organization five highest compenent \$100,000 of comperent (b) Average hours per week	on? Isated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is none (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b cors, truste e, enter "N (e) Estimate	lone."	, unt d
b	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	ection 527 organization five highest compenent \$100,000 of comperent (b) Average hours per week	on? Isated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is none (d) Health benefits, contributions to employee benefit plans, and deferred	. 49b cors, truste e, enter "N (e) Estimate	lone."	, unt (

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		-	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note: All se completed Schedule A		
	penalties of perjury, I declare that I have examined this return, including accompan rrect, and complete. Declaration of preparer (other than officer) is based on all info		

Sign Here	Signature of officer Amy Paulson, President			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name Preparer's signature Date				Check if if self-employed	PTIN	
Use Only	Firm's name				Firm's EIN ►		
	Firm's address ► Phone no.						
May the IRS	discuss this return with the preparer	shown above? See instructions			► [Yes 🗌 No	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

	Will Siget / Termieeee.	Inspection
Name of the organization	Employer identificati	on number

Depart Interna	b oparation of and modelay						Open to Public Inspection			
	of the organization						Employer identification			
	al Gratitude Alliar	ice					45-43	15806		
Par	tl Reason	for Public Cha	r ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.		
The of 1 2 3 4	 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). 									
5	An organizat	-	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in		
6 7	An organizat	· · ·	receives a subs	mental unit describec tantial part of its sup te Part II.)				the general public		
8)(1)(A)(vi). (Complete	-					
9	receipts from support from	n activities related n gross investme	d to its exempt int income and	re than 331/3% of its functions—subject to unrelated business 75. See section 509(a	o certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 tax	than 331/3% of its		
10 11	An organizati	on organized and publicly supported	operated exclusi	sively to test for public ively for the benefit of, lescribed in section 5 the type of supporting	to perfor 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check		
а	the suppor	ted organization(s) the power to re	supervised, or control egularly appoint or ele sections A and B.						
b	control or r	nanagement of th	e supporting org	d or controlled in con ganization vested in th , Sections A and C .						
С				ng organization opera s). You must comple				y integrated with,		
d	that is not	functionally integra	ated. The organi	porting organization c zation generally must mplete Part IV, Secti	satisfy a	distributi	on requirement and			
е				written determination onally integrated supp				I, Type III		
f g		ber of supported of lowing information		ported organization(s)						
	(i) Name of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										

(D)

(E)

Total

OMB No. 1545-0047

2015

				(=== (!) / /			····
Part	II Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Saati	on A. Public Support	o quality unde		ted below, pl	ease comple	te Fart III.)	
	dar year (or fiscal year beginning in)	(-) 0011	(h) 0010	(-) 0010		(e) 2015	
Caler		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
I	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")		17,814	64,041	141,813	85,771	309,439
2	Tax revenues levied for the		17,014	04,041	141,013	00,771	309,439
2	organization's benefit and either paid						
	to or expended on its behalf		0	0	0	0	0
3	The value of services or facilities			0	0	0	
U	furnished by a governmental unit to the						
	organization without charge		0	0	0	0	0
4	Total. Add lines 1 through 3	0	17,814	64,041	141,813	85,771	309,439
5	-		,•	• 1,• 1 1	,		
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)						24,526
6	Public support. Subtract line 5 from line 4.						284,913
	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0	17,814	64,041	141,813	85,771	309,439
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
•			0	0	1	63	64
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on		0	0	0	0	0
10	Other income. Do not include gain or		U	0	0	U	0
10	loss from the sale of capital assets						
	(Explain in Part VI.)		0	0	2,392	300	2,692
11	Total support. Add lines 7 through 10			0	2,032	000	312,195
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	1,410
13	First five years. If the Form 990 is for the		-	d, third, fourth	, or fifth tax ye	ear as a sectio	
	organization, check this box and stop he						🕨 🗸
Secti	on C. Computation of Public Suppor	rt Percentage	e				
14	Public support percentage for 2015 (line (•			14	%
15	Public support percentage from 2014 Sch	,				15	%
16a	331/3% support test-2015. If the organi						
	box and stop here. The organization qua		• • • •	•			
b	33 ¹ / ₃ % support test-2014. If the organ					15 IS 33 ¹ /3%	or more,
	check this box and stop here. The organ	•					. 🕨 🗋
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "forganization			-	-		
	5						• 🖛 📋
b	10%-facts-and-circumstances test-20	•					
	15 is 10% or more, and if the organization methods and the organization methods and the organization methods are set of the organization methods and the organization methods are set of the organization methods						
	supported organization				•		
18	Private foundation. If the organization di					k this box and	see
	instructions						. ▶ □

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

(Complete only if you checked the box on line 9 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.)

Secti	ion A. Public Support			<i>,</i> 1	•	,	
Calen	ıdar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	Idar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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.)						
14	First five years. If the Form 990 is for th	-			-		
<u>.</u>	organization, check this box and stop he						· · ►
	on C. Computation of Public Suppor			0 1 (0)		45	
15	Public support percentage for 2015 (line 2)						<u>%</u>
16 Socti	Public support percentage from 2014 Sch			<u></u>		16	%
	on D. Computation of Investment In		-	vino 12 oct	mn (fl)	17	%
17 19	Investment income percentage for 2015 (()	•	())		<u>%</u> %
18 100	Investment income percentage from 2014 33 ¹ / ₃ % support tests-2015. If the organ						
19a	17 is not more than $33^{1/3}$ %, check this box						
L	33 ¹ / ₃ % support tests – 2014. If the organiz	-	-	-		-	
b	line 18 is not more than $33^{1}/_{3}$ %, check this						
20	Private foundation. If the organization di	-	-				
20		a not oneon a		, 130, 01 130, 0			0 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (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

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Schedu	ıle A (Form 990 or 990-EZ) 2015		F	Page 5
Part	V 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		
Sect	ion 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? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	ion 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			

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> " <i>No</i> ," <i>explain in</i> Part VI how			

- the organization maintained a close and continuous working relationship with the supported organization(s).
 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 investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment's investme
- 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.

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

1

2

3

2a

2b

3a

Yes No

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
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		
Section 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-integrated Type III supporting organization (see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)				
Secti	ion D - Distributions	<u>, , , , , , , , , , , , , , , , , , , </u>		Current Year			
1	Amounts paid to supported organizations to accomplish e	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
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 whic	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.	5					
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
С							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
<u>с</u>	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount						
6	greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016 . Add lines 3j and 4c.						
8	Breakdown of line 7:						
a							
b							
<u>с</u>	Excess from 2013						
	Excess from 2014						
u	Excess from 2015						

Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10 - Volunteer Program Earned Income	

SCHE	DUL	E ()	
(Form	990	or	990	-EZ)

Department of the Treasury

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



nternal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection					
Name of the organization		Employer identification number			
Global Gratitude Alliar	ice	45-4315806			
	ne 10 - See Part III Lines 28-31				
,,,,					

Other Expenses Structured Explanation

Description	Amount
Travel	1,218
Supplies	1,149
Π	1,846
Marketing	2,575
Bank and Transaction Fees	1,722
Miscellaneous Other	531
Total:	9,041

Other Assets Structured Explanation

Description	EOY Amount
Accounts Receivable	250
Prepaid Program Expense	869
Inventory	806
Total:	1,925

Other Liabilities Structured Explanation

Description	EOY Amount
Accounts Payable	1,197
Sales Tax Payable	86
Deferred Revenue	1,492
Short Term Notes Payable	219
Long Term Notes Payable	481
Total:	3,475

Primary Exempt Purpose

Primary Exempt Purpose

To help women and children around the world break cycles of trauma, violence, exploitation, and abuse through education, vocational skills, and healing.

First Program Service Accomplishments Description

Description

including school tuition and supplies, academic tutoring, computer literacy, weekly music and sport, and psychological counseling. The housing project was completed in 2015, giving youth safe spaces to grow into adults and providing sustainable infrastructure for the future.

Second Program Service Accomplishments Description

Description

computer, and creative arts education to develop basic job, life, and social skills. We also supported the eldest youth to attend ongoing vocational college and skills trainings, including accounting, hotel management, marketing, driving, and construction. All the trainees have benefited from development of self-confidence, interpersonal communication, learning of new skills, and interaction and integration with the local community.

Third Program Service Accomplishments Description

Description

Yethu, giving them an alternative to violence, drugs, and other high-risk behaviors. Our grant in 2014 also covered 2015 program costs for an academic tutor for English and Math who also also serves as a life and leadership mentor.

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Safe Embrace Trauma Healing Program. In 2015, we continued our SETH Level 2 Activism program, a 2- year program that trains psychotherapists, social workers, and other healing professionals in global trauma recovery and social activism. We continued bi-monthly group training calls and ongoing coaching. 1 of the 4 activists in the program held a fundraiser in February and raised over \$8000 for our global trauma recovery work.	0		173
Nepal: Trauma Healing. In February, we brought the SETH program to Bright Horizon Children's Home outside Kathmandu, which included a two week training in basic trauma recovery, healing, and resilience for nearly 30 teachers and staff who serve nearly 300 students. Our grant funds established a Life Skills and Leadership program for 30 teenage youth, facilitated by 6 of the SETH teacher trainees. The program teaches empathy, compassion, healing and other social and emotional skills while helping youth to seed their vision for becoming a change leader in their community. The program has continued into 2016.	976	Yes	3,990
Nepal: Earthquake Relief. In Sisneri, a remote village 4 hours from Kathmandu, many of villagers' mud and thatched rooftop homes crumbled during the earthquakes in spring 2015. Through a partnership with Porong Gompa, a Tibetan monastery in Kathmandu which spent several months surveying and delivering relief, we supported 85 families in the village with roofing materials and clothing.	2,814	Yes	2,814
Nepal: Healing. We granted \$1800 to Courageous Girls, to support a healing, adventure, mindfulness meditation, and empowerment program for sexually abused girls. The first cohort of survivors from Nepal trekked to Base Camp Everest in November 2015.	1,800	Yes	1,800
Volunteer Program. In 2015, we sent 2 volunteers to our partner in Kenya through our Volunteer and Cultural Learning program. At the children's home, volunteers taught computer and photography classes, tutored kids in English and Math, conducted ongoing project due diligence and reporting, helped caregivers with daily farm and house chores, and above all, learned about the benefits of locally-led community transformation.	550	Yes	550
Total:			9,327