Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

Inspection

OMB No. 1545-0047

Information about Form 990 and its instructions is at www.lrs.gov/form990. A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address Ichange GLOBAL POVERTY PROJECT. INC. Name Ichance Doing business as 42-1772557 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 594 BROADWAY 207 347-782-6121 City or town, state or province, country, and ZIP or foreign postal code 30,789,449. G Gross receipts \$ NEW YORK, NY 10012 H(a) Is this a group return Applica-F Name and address of principal officer: HUGH EVANS for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTP: //WWW.GLOBALPOVERTYPROJECT.COM H(c) Group exemption number K Form of organization: X Corporation Trust Association Year of formation: 2010 M State of legal domicite: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE AIM OF THE GLOBAL POVERTY Governance PROJECT IS TO INCREASE THE NUMBER AND EFFECTIVENESS OF PEOPLE TAKING Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 9 Activities & 62 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 70 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8,791,942. 16,442,833. Revenue Program service revenue (Part VIII, line 2g) 1,607,222. 14,064,663. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 43,749. <u>131,110.</u> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,795. 2,400 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,445,313. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 96,896 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 795,727 3,570,396. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 22,263,893. 10,023,383. 11,916,006. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,834,289. 19 Revenue less expenses. Subtract line 18 from line 12 -1,470,693. 4,806,112. , e Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 876,598. 6,225,232. 21 Total liabilities (Part X, line 26) 082.487 1,625,009. 聖 Net assets or fund balances. Subtract line 21 from line 20 -205.889 4,600,223. 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. Elgnature of offiger Sign HENSHAW, Here CHIEF OPERATING OFFICER Type or print name and title Date PTIN Print/Type preparer's name Preparer's signaturé MARC TAUB Paid P00236664 self-employed Preparer Firm's name **MBAF** CPAS, Firm's EIN 13-3842744 Use Only Firm's address 440 PARK AVE. SOUTH

NEW YORK, NY 10016

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. 212 - 576 - 1400

Form 990 (2015)

Form 990 (2015) GLOBAL POVERTY PROJECT, INC.
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	<b>.</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	Ĺ
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	İ		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic fand areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If *Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_,	<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		'	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			**
	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7.7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
E	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
الد	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u> </u>
ū			1	77
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		$\frac{x}{x}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
	Schedule D, Parts XI and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь			T	<u></u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	T		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
		_ 4	~~~	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	The state of the s	20a		Х
þ	The state of the foundation of	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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,"			
	complete Schedule L, Part II	26		<u> X</u>
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		i	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	$\longrightarrow$	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		ĺ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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		<u>X</u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		[	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
	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	X	

Pai	Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V								
		***************************************		Yes	No				
1a	la Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	99		100	110				
b		0			1				
С		gaming			ĺ				
	(gambling) winnings to prize winners?		1c	X	<u> </u>				
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a	62			ĺ				
þ	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		li	ĺ				
			За		X				
	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			x	ĺ				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	b if "Yes," enter the name of the foreign country: ► <u>UNITED KINGDOM</u> , <u>AUSTRALIA</u> , <u>CAN</u>								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (	' '							
_	ia Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b			5b		X				
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
68	is Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz								
	any contributions that were not tax deductible as charitable contributions?		6a	X					
D	b If "Yes," did the organization include with every solicitation an express statement that such contributions or giver not tax deductible?	1	-	X					
7			6b						
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
-	to file Form 8282?								
đ	d If "Yes," indicate the number of Forms 8282 filed during the year 7d		7c		X				
е	5110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7e		X				
f			7f		Х				
g			7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	L	8						
9	The state of the s			-					
а	a Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
	1 1								
	a Initiation fees and capital contributions included on Part VIII, line 12								
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	a Gross income from members or shareholders 11a								
Þ	b Gross income from other sources (Do not net amounts due or paid to other sources against			]					
46-	amounts due or received from them.)			i					
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	낟	12a						
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		İ						
	a is the organization licensed to issue qualified health plans in more than one state?		I3a						
d	Note. See the instructions for additional information the organization must report on Schedule O.		.oa						
h	b Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	c Enter the amount of reserves on hand								
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		l4b						

Form 990 (2015) GLOBAL POVERTY PROJECT, INC. 42-1772557 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  $\mathbf{x}$ 

<u>Sec</u>	ction A. Governing Body and Management									
	1		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	0								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			]						
b	Enter the number of voting members included in line 1a, above, who are independent	9								
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	ļ	X						
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	<u></u>	X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	X						
6	***************************************									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	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		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a	~ · · · · · · · · · · · · · · · · · · ·	8a	X							
ь		8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
E o o	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,							
40.	find the averagination have been been been been been been been be	<u></u>	Yes	No						
iva	Did the organization have local chapters, branches, or affiliates?	10a		X						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Ì							
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
12a	Did the organization have a written conflict of interest well-of M. Bate B. as to line 10									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X							
~	in Schedule O how this was done	40-	x							
13	Did the organization have a written whistleblower policy?	12c	X							
14	Did the organization have a written document retention and destruction policy?	$\overline{}$	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	^							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
A	The organization's CEO Executive Director, or top management official	15.	Y							
	Other officers or key employees of the organization	15a 15b	X							
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	47							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
_	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	1							
	in joint venture arrangements under applicable federal tax faw, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶NY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availahi	e							
	for public inspection. Indicate how you made these available. Check all that apply.		-							
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	alaf							
	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:									
	EDDIE TAUBE - 347-782-6121									
	FOA BROADER GETTER OOF AND ALLES									

594 BROADWAY SUITE 207, NEW YORK, NY 10012

Form 990 (2015)	GLOBAL	POVERTY	PROJECT	INC.	42-1772557	Page
Part VIII Componentio	n of Officer	Directore	Trustana K	or Employees	Highest Componented	

## 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.

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

(A) Name and Title	(B) (C) Position (do not check more than one						one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	DOX	, unle cer ar	ss pe	rson	is bol	th an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		Γ.	Highest compensated employee	Γ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) HUGH EVANS	50.00						<u> </u>			
DIRECTOR/CHIEF EXECUTIVE OFFICER		X		X				144,193.	0.	12,018
(2) RANDALL LANE	5.00	]								
DIRECTOR		X		<u> </u>				0.	0.	0
(3) MARTHA FRAY	5.00									
DIRECTOR		X	L					0.	0.	0 .
(4) PETER MURPHY	5.00		'							
CHAIR		X						0.	0.	0.
(5) MICHAEL ANDERS	5.00			ļ,						
DIRECTOR		X	ļ					0.	0.	0.
(6) J. THOMAS JONES	5.00									
DIRECTOR		X	$\vdash$			<u> </u>		0.	0.	0.
(7) PAUL HURLEY	5.00	ļ						_	_	_
DIRECTOR	ļ <u>.</u>	X			_	_		0.	0.	0.
(8) MICHAEL BLLIOTT	5.00								_	
DIRECTOR		X						0.	0.	0.
(9) NICOLE BATES	5.00								ا ہ	•
DIRECTOR		X						0.	0.	0.
(10) CHRIS ANDERSON	5.00	x						ا م		^
DIRECTOR	50.00	^-	Н				_	0.	0.	0.
(11) SIMON MOSS	30.00	ł		x				117,288.	0.	12,018.
MANAGING DIRECTOR - PROGRAMS (12) WEI SOO	50.00			<u> </u>		-		111,200+	V.	12,010.
MANAGING DIR. LEGAL & NEW MARKETS	30.00	l		х				116,253.	0.	6,012.
(13) EDUARD TAUBE	50.00	$\vdash$						110,200.		0,012
DIRECTOR OF FINANCE	30.00			x				88,998.	0.	6,012.
(14) MATTHEW WEBSTER	50.00									0,012.
CHIEF TECHNOLOGY OFFICER		ĺ				x		169,254.	0.	4,008.
										· · · · · · · · · · · · · · · · · · ·

	A VOI		- 1//	JU 1	٠.	<u> </u>	البار	NC.	•	44-17	<u> </u>	• •	age o
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, an	<u>d Hi</u>	ghe	st Ç	ompensated Employe	es (continued)	,		
	(A) Name and title	(B) Average hours per week	(de bex	Position (do not check more than on box, unless person is both a officer and a director/truste			l than is bol	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	lastifutional trustee	Officer	Key employee	Highest compensaled employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	)   c	ompens from the organiza and rela rganizat	ne tion ted
							İ						
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					<u>-</u> -		_	_					
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						l							
						<u> </u>	ļ				_		
			_								+		
1b	Sub-total							<b>—</b>	635,986.	0	,	40,0	68.
	Total from continuation sheets to Part VI								0.		,		0.
<u>d</u>	Total (add lines 1b and 1c)								635,986.			40,0	68.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	OOVE	) wh	o re	eceived more than \$100.	,000 of reportable			
	compensation from the organization											TG. :	4
2	Did the organization list any favor an officer	diua atau   au tuu i		Lan		!_			-:		ļ	Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st				-				•	` •	3		x
4	For any individual listed on line 1a, is the su		A CO	mpe	ensa	tion	and	oth	ner compensation from t	he organization	.   3	+	
	and related organizations greater than \$150									rio organization	4	x	
5	Did any person listed on line 1a receive or a								***************************************	dual for services	·		
	rendered to the organization? If "Yes," comp	plete Schedule	Jfe	or su	ich p	oers	on .			*****************************	. 5		X
	tion B. Independent Contractors						····						
1	Complete this table for your five highest cor										nsation	from	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.												

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
BIG WHITEY PRODUCTIONS INC., DENNIS WHITE	LABOR-GLOBAL CITIZEN	
12 LEONARD PL, SEA CLIFF, NY 11579	FESTIVAL	1,254,098.
AEG EHRLICH VENTURES, LLC	BROADCAST	
4670 BALBOA AVE., ENCINO, CA 91316	PRODUCTION-GLOBAL CI	983,563.
SOUND OFF PRODUCTIONS, INC.	PRODUCTION-GLOBAL	
28 CLOVERHILL PLACE, MONTCLAIR, NJ 07042	CITIZEN FESTIVAL	761,506.
THIS IS IT! STAGEWORKS, LLC, 720 MONROE	PRODUCTION-GLOBAL	
ST. STUDIO E303, HOBOKEN, NJ 07030	CITIZEN FESTIVAL	560,402.
FIFTY NINE PRODUCTIONS, 257 WEST 52ND ST.,	PRODUCTION-GLOBAL	
4TH FL, NEW YORK, NY 10019	CITIZEN FESTIVAL	494,215.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 47		

L		Check if Schedule O cont	ains a resnonse	or note to any lin	e in this Part VIII			
		Oneok ii dunedoze o dom	ans a response	or soce to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
ran Lin		Membership dues						
Q E		Fundraising events	***********					
ifts		Related organizations						
nie Gie		Government grants (contribute						
Sir	-	All other contributions, gifts, grant	• —					
E E	'	similar amounts not included above		16 440 000				
결품	_			16,442,833,	1			
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines		<u>45,00</u> 0. ▶	46 440 033			
<u> </u>	FI	Total. Add lines 1a-1f		Business Code	16 442 833.			<del> </del>
	• •					0 225 270		
j.	2 a	H - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		900099	8,321,279,	8,321,279.	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>
e e		GLOBAL CITIZEN FESTIVA	<u> </u>	900099	3,043,628.	3,043,628.		<del>                                     </del>
E S		CONTRACT FEES		900099	2,699,756.	2,699,756.		<del>                                     </del>
Ra	đ							<del> </del>
Program Service Revenue	e	011 -Ab					· · · · · · · · · · · · · · · · · · ·	
_	T	All other program service reve		***************************************				<del>                                     </del>
		Total, Add lines 2a-2f Investment income (including			14.064.663.			1
	3			-				
		other similar amounts)						<u> </u>
	4							
	5	Royalties	(i) Real	(ii) Personal		-		
	٠.	O	(i) Real	(III) Personal				
		Gross rents			1			
		Less: rental expenses						
		Rental income or (loss)	<u> </u>	L				
			[ # C					-
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		280,158.				
	D	Less: cost or other basis				1		1
	_	and sales expenses		149,048,				
		Gain or (loss)		131,110.	171 110	424 440		
1		Net gain or (loss)			131,110,	131,110,		<del></del>
ă	0 4	including \$	•					
Other Reven		contributions reported on line						
~		Part IV, line 18						
훈	h	Less: direct expenses		1 .		ļ		
ŏ		Net income or (loss) from fund		<b>&gt;</b>				
		Gross income from gaming ac						
ŀ	3 3	Part IV, line 19						
-		Less: direct expenses						
[		Net income or (loss) from gam			}			
}		Gross sales of inventory, less						\-\ <del>-\</del>
	IV a	and allowances						
	<b>.</b>	Less: cost of goods sold		: ,				
		Net income or (loss) from sales						
ł		Miscellaneous Revenue		Business Code				
ł	11 0	OTHER INCOME	<del>-</del>	900099	1,795.	1,795,		
	b			75557	-,,,,,,			
	c							
	ų	All other revenue						
	e	Total. Add lines 11a-11d			1,795.			
	12	Total revenue. See instructions.			30 640 401.	14,197,568,	0_	0.

# Form 990 (2015) GLOBAL POVERTY PROJECT, INC. Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oti	her organizations must co	mplete column (A).	
	Check if Schedule O contains a respo				<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	•				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			1	
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,	E00 700	007 410	256 220	20 052
_	trustees, and key employees	502,792.	207,412.	256,328.	39,052.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,622,455.	2 101 (42	204 569	215 244
7	Other salaries and wages	4,044,455.	2,101,643.	204,568.	316,244.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	213,804.	135,465.	44,548.	33,791.
9	Other employee benefits	231,345.		39,724.	26,002.
10	Payroll taxes	Z31,343.	165,619.	39,144.	40,004.
11	Fees for services (non-employees):		1		
	Management	54,916.	36,502.	14,614.	3,800.
b c	•	111,300.		111,300.	3,000.
d	• • • • • • • • • • • • • • • • • • • •	111,500+		***,300*	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch ().)	19,332,909.	19,005,930.	144,824.	182,155.
12	Advertising and promotion				
13	Office expenses	887,705.	499,940.	379,331.	8,434.
14	Information technology				
15	Royalties				•••
16	Occupancy	204,647.		204,647.	
17	Travel	1,015,456.	866,307.	74,525.	74,624.
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	123,037.	123,037.		
23	Insurance	303,048.	267,349.	35,699.	
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 O.)				
а	BAD DEBT EXPENSE	200,000.		200,000.	
b	COMMISSIONS	30,875.			30,875.
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	25,83 <b>4</b> ,289.	23,409,204.	1,710,108.	714,977.
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 <b>990</b> (2015)

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 177,922. 4,292,234. Cash - non-interest-bearing 1 1 Savings and temporary cash investments 2 2 552,970 Pledges and grants receivable, net 882,432. 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 q Prepaid expenses and deferred charges 9 94,340. 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 0. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 831,238. 14 14 145,706 124,988. 15 Other assets. See Part IV, line 11 876,598. 6,225,232. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 852,254. 1,575,009. 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 180,258. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 50,000. 49,975. 24 Unsecured notes and loans payable to unrelated third parties 24 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 1,625,009. 1,082,487. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 4,600,223. Unrestricted net assets -205,889. 27 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

6,225,232. Form 990 (2015)

4,600,223.

32

33

34

-205,889.

876.598.

32

33

-огл	1990 (2015) GLOBAL POVERTY PROJECT, INC.	42-1	772557	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets		<del> </del>		
	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	30,640	,4	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,834		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,806	,1	<u>12.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-205		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	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	4,600	, 2	23.
Pa	rt XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in this Part XII				X
	<b></b>		` <u>'</u>	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	,	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis			İ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?	,,	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		За		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	- 1	

Form **990** (2015)

## SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

GLOBAL POVERTY PROJECT. 42-1772557 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 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, 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.) 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part il.) 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 more 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.) 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 of, to perform the functions of, or to carry out the purposes of one or 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☐ 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 (vi) Amount of (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions)

Schedule A (Form 990 or 990-EZ) 2015 GLOBAL POVERTY PROJECT, INC. 42-1772557 Page 2

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

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

Se	Section A. Public Support										
Cale	endar 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.")	2109562.	9726179.	8632703.	10399164.	30507496.	61375104.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf					1					
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2109562.	9726179.	8632703.	10399164.	30507496.	61375104.				
	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)						20742860.				
6	Public support. Subtract line 5 from line 4.			· · · · · · · · · · · · · · · · · · ·	* *************************************		40632244.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
	Amounts from line 4	2109562.	9726179.		10399164.		61375104.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	929.	2,857.	1,089.	264.	0.	5,139.				
9	Net income from unrelated business			_							
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital			-							
	assets (Explain in Part VI.)	26,847.	12,974.	130,934.	2,400:	1,795.	174,950.				
11	Total support, Add lines 7 through 10						61555193.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	174,595.				
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)					
	organization, check this box and stop	here	++++		**********		<b>.</b>				
Sec	ction C. Computation of Publ	c Support Per	rcentage		···· ········· ·· · · · · · · · · · ·						
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	66.01 %				
	Public support percentage from 2014					15	%				
16a	33 1/3% support test - 2015. If the o	rganization did no	t check the box or	i lîne 13, and fine 1	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies		_								
þ	33 1/3% support test - 2014. If the o	rganization did no	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box				
	and stop here. The organization quali										
17a	10% -facts-and-circumstances test	: - 2015. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the "fac			-	-	_	_				
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□				
b	10% -facts-and-circumstances test	: - 2014. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or				
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the					
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orga	nization	▶ []				
18	Private foundation, if the organization	n did not check a t	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s</u>				
					Sche	dule A (Form 990	or 990-EZ) 2015				

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and			· · · · · · · · · · · · · · · · · · ·		'	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	<b></b>	<u> </u>				
_	merchandise sold or services per-						
	formed, or facilities furnished in					}	
	any activity that is related to the						
_	organization's tax-exempt purpose	-	+	<b> </b>			
3	Gross receipts from activities that						i
	are not an unrelated trade or bus-						
	iness under section 513		1				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				}		
	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŧ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			1			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	· · · · · ·					
						<del> </del>	
	Public support. (Subtract line 7c from line 6.)	<u> </u>	.1	<u> </u>			
·····-		(-) 0044	T-1 0010	1-1-0010	(-1) 004.4	t.) 0045	(O Taba)
	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest,	<del></del>			1		
TŲ	dividends, payments received on			}			ļ
	securities loans, rents, royalties			į			
	and income from similar sources ,						
İ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
c	Add lines 10a and 10b					<u></u>	
11				ŀ		1	
	activities not included in line 10b, whether or not the business is						
	regularly carried on					İ	
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	's first second thir	d fourth or fifth to	y vest as a sectio	n 501(c)(3) oro	anization
•	check this box and stop here	_			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	anazation,
Sec	ction C. Computation of Publ	ic Support Pe	ercentage			· · · · · · · · · · · · · · · ·	
	Public support percentage for 2015 (			okimn (fl)		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves			<u> </u>	***************************************		
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2015. If the			on line 14, and line			
ıya							► []
	more than 33 1/3%, check this box at	•					
t	33 1/3% support tests - 2014. If the	-					(————
	line 18 is not more than 33 1/3%, che						1011 <b>-</b>
20	Private foundation. If the organizatio	n ala not check a	. Dox oก และ 14, 19	a, or 19b, check th	nis box and see ins	structions	🟲 📖

#### 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	·····
	1		<u> </u>
	2		
	3a		
	3b	1	
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
i	"		_
	9a		
	9b		
		<u> </u>	
	9c		<del></del>
	40.		
	10a	$\dashv$	
	10b		
	00 05 00	0. EZ\	2015

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Pa	rt IV   Supporting Organizations (continued)		<del></del>	<del>,</del>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		ļ
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		ļ	
	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		ĺ
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		100	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ł
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	.,,,
•	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			i
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			ĺ
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).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3				
	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			: I
500	supported organizations played in this regard.	3		<del></del>
	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 yeafsee instruc	uons):		
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 (s	ī		
2	Activities Test. Answer (a) and (b) below.	r	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		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ļ	
	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		ĺ	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	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		

	dule A (Form 990 or 990-EZ) 2015 GLOBAL POVERTY PROJECT,	_		<u>42-1772557 Page</u>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	<u>izations</u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Secti	on 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		
Secti	on 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):			1
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		
Secti	on 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		
	Distributable Amount. Subtract line 5 from fine 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-functional	ly-integrate	d Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

	edule A (Form 990 or 990 EZ) 2015 GLOBAL POVER			12-1772557 Page 7				
Ш.,,	rt V   Type III Non-Functionally Integrated 50	)9(a)(3) Supporting Org	anizations (continued)					
Sect	ion D - Distributions			Current Year				
_1_	Amounts paid to supported organizations to accomplish e	xempt purposes						
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported						
<del></del>	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	es					
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	9					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount	<del>"'                                    </del>						
******		(i)	(ii)	(iii)				
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	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:			<u></u>				
a	A file-time			* ····································				
b								
c				· · · · · · · · · · · · · · · · · · ·				
·-···	From 2013			· · · · · · · · · · · · · · · · · · ·				
	From 2014							
	Total of lines 3a through e		<del></del>	<u> </u>				
	Applied to underdistributions of prior years							
	Applied to 2015 distributable amount			· · · · · · · · · · · · · · · · · · ·				
i	Carryover from 2010 not applied (see instructions)							
<u>,</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section D.	<del></del>	···					
7	line 7: \$							
	Applied to underdistributions of prior years  Applied to 2015 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
_	Remaining underdistributions for years prior to 2015, if							
5	any. Subtract lines 3g and 4a from line 2 (if amount							
	•							
_	greater than zero, see instructions).		//					
6	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:							
<u>a</u>			<del></del>					
<u>b</u>	Evanna from 2012							
	Excess from 2013		<del>///</del>					
a	Excess from 2014	1		İ				

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 GLOBAL POVERTY PROJECT, INC. 4	2-1772557 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17k 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional lines.	o; Part III, line 12; I 2; Part IV, Section C, ction B, line 1e; Part V,
(See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME	
2011 AMOUNT: \$ 26,847.	
2012 AMOUNT: \$ 12,974.	
2013 AMOUNT: \$ 130,934.	
2014 AMOUNT: \$ 2,400.	
2015 AMOUNT: \$ 1,795.	

#### **SCHEDULE D**

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Open to Public Inspection

-	GLOBAL POVERTY PROJ				2-1772	
Pa	t I Organizations Maintaining Donor Advised	f Funds or Other Similar F	unds or A	ccounts.	Complete if the	he
	organization answered "Yes" on Form 990, Part IV, line					
		(a) Donor advised funds		(b) Funds an	d other accou	unts
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 w	riting that the assets held in donor	advised fun	ıds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or			-		
			•	-	Yes	☐ No
Pa	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form	990. Part IV	line 7.		
1	Purpose(s) of conservation easements held by the organization					<del>,</del>
·	Preservation of land for public use (e.g., recreation or ed		a historically	important (s	and area	
	Protection of natural habitat	Preservation of				
	Preservation of open space	Linguist 10301Valion of	a corange in	3010 3000	uie	
2	Complete lines 2a through 2d if the organization held a qualifie	ed consequation contribution in the	form of a ac	nooniotion o	accoment on t	bo loot
~	day of the tax year.	ed conservation contribution in the	torni os a cc		at the End of th	
					at the city of th	C 14X ICEL
a h	Total number of conservation easements		***,***	2a		
þ	Total acreage restricted by conservation easements	atoms leaded at the fall	***-*******	2b		
c	Number of conservation easements on a certified historic stru			2c		
α	Number of conservation easements included in (c) acquired at					
_	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated	by the organ	iization durin	g the tax	
	year >					
4	Number of states where property subject to conservation ease	····· · · · · · · · · · · · · · · · ·	<del>_</del>			
5	Does the organization have a written policy regarding the period				C-1	<del></del> 1
_	violations, and enforcement of the conservation easements it I					L No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing	g conservation	on easement	s during the	/ear
_						
7	Amount of expenses incurred in monitoring, inspecting, handle	ng of violations, and enforcing con	servation ea	sements du	ing the year	
_	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above	-	, ,	, , ,	<b>—</b>	
_	and section 170(h)(4)(B)(ii)?				└─_ Yes	∐_ No
9	In Part XIII, describe how the organization reports conservation	•		•		
	include, if applicable, the text of the footnote to the organization	n's financial statements that desc	ribes the org	janization's a	ecounting for	r
Do	conservation easements.	Ast Historical Topograms	<u>O</u>	N=		
Pal	t III Organizations Maintaining Collections of	•	or Otner a	omiiar As	isets,	
	Complete if the organization answered "Yes" on Form 9					
1a	If the organization elected, as permitted under SFAS 116 (ASC	•				-
	historical treasures, or other similar assets held for public exhib		therance of	public servic	e, provide, in	Part XIII,
	the text of the footnote to its financial statements that describe					
þ	If the organization elected, as permitted under SFAS 116 (ASC					
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance	of public ser	vice, provide	the following	amounts
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical treas	ures, or other similar assets for fin	ancial gain, p	orovide		
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	;			
a	Revenue included on Form 990, Part VIII, line 1		******	<b>\$</b>		
	Assets included in Form 990, Part X					

		POVERTY PR							Page 2
Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, or O	ther Sim	<u>ıilar Asse</u>	<b>ts</b> (continu	ıed}
3	Using the organization's acquisition, accessi	ion, and other record	ds, check	k any of the	following that are	a significa	nt use of its	collection	items
	(check all that apply):								
а	Public exhibition	c	: 🖳	Loan or exc	hange programs				
b	Scholarly research	•	<u>.                                      </u>	Other					
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organization's e	exempt pu	rpose in Par	t XIII.	
5	During the year, did the organization solicit of								_
<del>,</del>	to be sold to raise funds rather than to be m							Yes	<u>No</u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "Yes"	on Form 9	390, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other assets i	not include	ed		
	on Form 990, Part X?		-					Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII								
		•	•					Amount	
c	Beginning balance					10	>		
	Additions during the year						<u>.</u>		
	Distributions during the year						3		
	Ending balance						f		
	Did the organization include an amount on F							Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo	orm 990, Part IV, fir	ne 10.			
		(a) Current year	(b) P	rior year	(c) Two years back	(d) Thre	e years back	(e) Four	/ears back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities							ĺ	
	and programs								
f	Administrative expenses		ļ						
g	End of year balance	L, , ,,							
2	Provide the estimated percentage of the cur	•	ce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd administered fo	or the orga	ınization	_	1
	by:							$\overline{}$	<u>res No</u>
	(i) unrelated organizations								-
	(ii) related organizations								<del></del>
	If "Yes" on line 3a(ii), are the related organiza						• • • • • • • • • • • • • • • • • • • •	3b	
4	Describe in Part XIII the intended uses of the		owment i	tunds.				<del></del>	
Par			0 B-4 9		) (" 000 David	V 6 40	,		
	Complete if the organization answere							4 D O I-	
	Description of property	(a) Cost or o		, ,		) Accumul depreciati		(d) Book	value
			nent)	Dasis	(onier)	rabi eciatii	-		
	Land				-				
	Buildings							,,, <b></b>	
	Leasehold improvements				+				
	Equipment								
	Other		Y coken	nn (B) line i	(Oc.)				0.
i otal	. Add aries (a mirough 16. (Column ja) must 6	quai ruini 990, rari	A, COIUII	m (D), M/C 1		**********			<u> </u>

Part VII Investments - Other Securities.				7 / 2357 ( ugo )
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of-y	rear market value
(1) Financial derivatives	(b) Dook value	(c) meaned or	vasuations obstat of one or y	- Transfer False
control to the control of the control				
(2) Closely-neid equity interests				
(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.	1			
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-of-y	rear market value
(1)				•••
(2)				
(3)				"
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	<u> </u>			
Complete if the organization answered "Yes"		V, line 11d. See Form 990.	, Part X, line 15.	th) Dook volue
	Description			(b) Book value
<u>(1)</u>				
(2)		<u></u>	<del> </del>	
(3)				
(4)		<del></del>		
(5)		<del>,,  </del>		
(6)		, , , , , , , , , , , , , , , , , , ,		
(7)	·····			
(8)	<del></del>			
(9)	<del> </del>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	e 75.)			
<del> </del>	on Form COA Port N	/ line 11a at 11f Can Fav	m 000 Post V line 25	
Complete if the organization answered "Yes"  (a) Description of liability	on Form 890, Farth	(b) Book value	10 990, Fart A, Inte 25.	
<u>" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</u>		(b) Book raide	1	
(1) Federal income taxes			1	
(2)			1	
(3)			-	
<u>(4)</u>			1	
<u>(5)</u>			-	
<u>(6)</u>			1	
<u>(7)</u>			1	
(8)		<del>, , ,</del>		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	251		1	
TOTAL COUDING ID MUSI EDUAL FUND 330, FAREA, COL (D) IINT	2 & U.J		1	

<sup>2.</sup> 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

_	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	42-17/2557 Page 4 leturn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements		
1			1
2 a	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 0-1	
	Net unrealized gains (losses) on investments		1
	Donated services and use of facilities	20	
	Recoveries of prior year grants  Other (Describe in Part XIII.)		-
			1,
3	***************************************		2e
4	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3
-	Investment expenses not included on Form 990, Part VIII, line 7b	40	
	Other (Describe in Part XIII.)		
	A LARL A REPORT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT		40
	Add lines 4a and 4b  Total revenue. Add tines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c
	t XII   Reconciliation of Expenses per Audited Financial Stateme		
1	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	<sub>2a</sub>	
	Prior year adjustments		1 1
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		90
	Subtract line 2e from line 1		2e 3
	Amounts included on Form 990, Part IX, line 25, but not on line 1;	•	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		
	A stat Property and a second and		4.
_	Add lines 4a and 4b  Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
	t XIII Supplemental Information.		] 3
fines 2	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any addited and 4b. Also complete this part to provide any add		4; Part X, line 2; Part XI,
GPP	FOLLOWS THE ACCOUNTING STANDARD FOR UNCER	RTAINTY IN INCOM	E TAXES. THE
<u>STA</u>	NDARD PRESCRIBES A MINIMUM RECOGNITION THE	RESHOLD AND MEAS	UREMENT
MET	HODOLOGY THAT A TAX POSITION TAKEN OR EXPE	CTED TO BE TAKE	N IN A TAX
RET	URN IS REQUIRED TO MEET BEFORE BEING RECOG	NIZED IN THE CO	NSOLIDATED
FIN	ANCIAL STATEMENTS. IT ALSO PROVIDES GUIDAN	ICE FOR DERECOGN	ITION,
CLA	SSIFICATION, INTEREST AND PENALTIES, DISCL	OSURE, AND TRAN	SITION.
<u>sho</u>	ULD THERE BE INTEREST ON UNDERPAYMENTS OF	INCOME TAX, GPP	WOULD
CLA	SSIFY IT AS "INTEREST EXPENSE." GPP WOULD	CLASSIFY PENALT	IES IN
CON	NECTION WITH UNDERPAYMENTS OF TAX AS "OTHE	R EXPENSE."	

Schedule D (Form 990) 2015 GLOBAL POVERTY PROJECT, INC.  Part XIII   Supplemental Information (continued)	42-1772557 Page 5
GPP IS SUBJECT TO AUDIT BY TAX AUTHORITIES. GPP BELIEVES T	HAT IT HAS
APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RET	URNS.
NONETHELESS, WERE SUCH AN AUDIT TO OCCUR, THE AMOUNTS ULTI	MATELY PAID, IF
ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AU	THORITIES COULD
DIFFER MATERIALLY FROM THE AMOUNTS FILED. MANAGEMENT BELIE	VES THAT ITS
NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION.	
GPP FILES FEDERAL AND NEW YORK STATE INFORMATIONAL RETURNS	. WITH FEW
EXCEPTIONS, GPP IS NO LONGER SUBJECT TO FEDERAL, STATE, OR	LOCAL INCOME
TAX EXAMINATIONS FOR FISCAL YEARS BEFORE 2012.	
	•
	4

#### SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Form 990, Part IV, line 14b.  1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,	GLOBAL POVERTY	PROJECT,	INC.		42-17725	557
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  No local part of the grants and other assistance?  No local part of the grants or assistance?  No local part of the grants or assistance?  No local part of the grants and other assistance outside the united States.  3. Activities per Region (the following Part I, line 3 table can be deplicated if additional space is needed.)  (a) Region (b) Number of offices in the region (b) Number of offices in the region (b) Vype) (e.g., fundralising, program service, describe appearing to the contractors in region (b) Vype) (e.g., fundralising, program service, describe appearing to for and investments in region (b) Vype) (e.g., fundralising, program service, describe appearing to the contractors in region (b) Vype) (e.g., fundralising, program service, describe appearing to the contractors in region (b) Vype) (e.g., fundralising, program service, describe appearing to for and investments in region)  SURKOPE (INCLIDITION)  EXECUTION (C) Vype) (e.g., fundralising, program service, describe appearing to for and investments in region)  EXEMPLIANCE (INCLIDITION)  EXECUTION (C) Vype) (e.g., fundralising, program service, describe appearing to for and investments in region)  EXEMPLIANCE (INCLIDITION)  EXECUTION (C) Vype) (e.g., fundralising, program service, describe appearing to for and investments of contractors and the region)  EXEMPLIANCE (INCLIDITION)  EXECUTION (C) Vype) (e.g., fundralising, program service, describe appearing to for and investments of contractors and the region)  EXEMPLIANCE (INCLIDITION)  EXECUTION (C) Vype) (e.g., fundralising, program service, describe appearing to for and investments of contractors and the region)  EXEMPLIANCE (INCLIDITION)  EXECUTION (C) Vype) (e.g., fundralising, program service, describe appearing to for and investments of the contractors and the region of the region of the region of the region of the region of the region of the region of the region of the regi	Part I General Info	rmation on A	Activities Ou	tside the United States. Comp	lete if the organization answered	l "Yes" on
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3 Activities per Region (the following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Number of (c) Numb	Form 990, Part I	V, line 14b.				
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space in needed.)  (a) Region (b) Number of offices of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of services, investments, grants to recipiants located in the region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s) in region of service(s)						
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3 A Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of (c) Number of (c) Number of (c) Number of (c) Activities conducted in region of in the region of in the region of in the region of in the region of in the region of in the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the region of the		cribe in Part V th	e organization's	procedures for monitoring the use of i	ts grants and other assistance o	utside the
(a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) a tacitivity isded in (d) (d) Septically (d) (e) septically segments, and services, in the region (contractors in region)  EUROPE (INCLUDING ICELAND) - ALBANIA, NIDORRA, ALBANIA, NIDORRA, ALBANIA, NIDORRA, ALBANIA, NIDORRA, BEACIFIC - AUSTRALIA, BECITOR - SUSTRALIA, BECITOR - SUSTRALIA, BECITOR - SUSTRALIA, BRUNEI, BURMA, CAMBODIA, BECIFFC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, BUT NOT THE UNITED STATES O O O PROGRAM SERVICES SIGNAL POVERTY 947.785.  STATES O O D PROGRAM SERVICES SIGNAL POVERTY 10.000.  PROGRAM SERVICES SIGNAL POVERTY 74.335.  A SUB-total O D D D D D D D D D D D D D D D D D D		he following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)	
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANTA, ANTORRA, AUSTRIA BELGIUM 0 0 PROGRAM SERVICES  INCREASE AWARENESS OF GLOBAL FOVERTY 947,785  ERAT ASIA AND THE PACIFIC - AUSTRALIA, BRUNET, BURMA, CAMBODIA. 0 0 PROGRAM SERVICES  INCREASE AWARENESS OF GLOBAL FOVERTY 10,000.  PROGRAM SERVICES  INCREASE AWARENESS OF GLOBAL FOVERTY 10,000.  PROGRAM SERVICES  INCREASE AWARENESS OF SIGNAL FOVERTY 74.395.  3 a Subtotal 5 Total from continuation sheets to Part 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(b) Number of offices	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to	(e) If activity listed in (d) is a program service, describe specific type	expenditures for and investments
ALBANIA, ANDORRA, AUSTRIA, BELGIUM  0 0 0 PROGRAM SERVICES SLOBAL FOVERTY 947.785  EAST ASIA AND THE PACIFIC - AUSTRALIA, BEUREI, BURHA, CAMBODIA. 0 0 0 PROGRAM SERVICES SLOBAL FOVERTY 10,000  INCREASE AWARENESS OF GLOBAL FOVERTY 10,000  INCREASE AWARENESS OF SLOBAL FOVERTY 74,395  TAKES 0 0 0 PROGRAM SERVICES SLOBAL FOVERTY 74,395  3a Sub-total 0 0 0 1,032,180 0 0 Totals (add lines 3a and 35) 0 0 1,032,180	EUROPE (INCLUDING					
AUSTRIA, BELGIUM 0 0 PROGRAM SERVICES SLOBAL POVERTY 947,785  BASTA AND THE PACIFIC - NUSTRALIA, BRUNEI, BURMA, 0 0 PROGRAM SERVICES SLOBAL POVERTY 10,000. NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES 0 0 0 PROGRAM SERVICES SLOBAL POVERTY 74.395.  STATES 0 0 1 PROGRAM SERVICES SLOBAL POVERTY 74.395.  3 a Sub-total 0 0 0 PROGRAM SERVICES SLOBAL POVERTY 74.395.  3 a Sub-total 0 0 0 DROGRAM SERVICES SLOBAL POVERTY 74.395.	ICELAND & GREENLAND)	1				
AUSTRIA, BELGIUM 0 0 PROGRAM SERVICES SLOBAL POVERTY 947,785  BASTA AND THE PACIFIC - NUSTRALIA, BRUNEI, BURMA, 0 0 PROGRAM SERVICES SLOBAL POVERTY 10,000. NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES 0 0 0 PROGRAM SERVICES SLOBAL POVERTY 74.395.  STATES 0 0 1 PROGRAM SERVICES SLOBAL POVERTY 74.395.  3 a Sub-total 0 0 0 PROGRAM SERVICES SLOBAL POVERTY 74.395.  3 a Sub-total 0 0 0 DROGRAM SERVICES SLOBAL POVERTY 74.395.	- ALBANIA ANDORRA			1	INCREASE AWARENESS OF	
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and 3b) 0 0 1 1 032 180,			· · · · ·			0.
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Page 2

Schedule F (Form 990) 2015

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

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2015
(h) Description of non-cash assistance						Schedu
(g) Amount of non-cash assistance					kempt by	
(f) Manner of cash disbursement					recognized as tax-e	
(e) Amount of cash grant					foreign country,	THE THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX TO THE TAX
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities	
(c) Region					is listed above that are rall has provided a section	
(b) IRS code section and EIN (if applicable)					recipient organization the grantee or counse other organizations o	
1 (a) Name of organization					<ul> <li>Enter total number of recipient organizations listed a</li> <li>the IRS, or for which the grantee or counsel has pro</li> <li>3 Enter total number of other organizations or entities</li> </ul>	

Page 3

42-1772557

GLOBAL POVERTY PROJECT, INC.

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2015

	de F (Form 990) 2015 GLOBAL POVERTY PROJECT, INC.	42-1772557	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	Мо 🗶
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 GLOBAL POVERTY PROJECT, INC.	42-1772557	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (according	unting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting me	thod); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional inf	ormation.	
PART I, LINE 2:		
FART 1, LINE 2:		
PAYMENTS TO ORGANIZATIONS OUTSIDE THE US ARE TO ENTITIES	WITHIN THE	
GLOBAL POVERTY PROJECT GROUP OF ENTITIES THESE ENTITI	ES BEING WHOLLY	<u> </u>
OWNED BY GLOBAL POVERTY PROJECT, INC ("GPP SUBSIDIARIES"	). THE USE OF	
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THESE FUNDS ARE MONITORED REGULARLY BY GLOBAL POVERTY PRO	OJECT, INC	
THROUGH MONTHLY MEETINGS BETWEEN THE SENIOR EXECUTIVES O	F GLOBAL POVERT	Ϋ́
PROJECT, INC AND THE SENIOR MANAGEMENT OF THE GPP SUBSID	TARTES.	
PART I, LINE 3:		
THE EXPENDITURES IN COLUMN (F) ARE REPORTED ON THE ACCRU	ar Dagra	
THE BALBASTICKES IN COLUMN (F) ARE REPORTED ON THE ACCROS	AT DESTO!	
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#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GLOBAL POVERTY PROJECT, INC.

Employer identification number 42-1772557

P	art   Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<u> </u>		$\overline{}$
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
				******
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	——————————————————————————————————————			
4	During the year, did any person fisted on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	l i		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	ĺ		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			į
	contingent on the revenues of:			
a	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III.			
7	, , , , , , , , , , , , , , , , , , , ,			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	[	I	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	[	Ī	
	Regulations section 53.4958-6(c)?	9	-	

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns {B\(0)-{iii} for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trile		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Deneira	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) HUGH EVANS	8	144,193.	0	0.	0	12,018.	156,211.	0
DIRECTOR/CHIEF EXECUTIVE OFFICER	(ii)	0.	0	0.	0	1	0	0.
(2) MATTHEW WEBSTER	Ξ	169,254.	• 0	0.	0.	4,008.	173	0
CHIEF TECHNOLOGY OFFICER	Ξ	0	0	0.	0	0.		0
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manager and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	8							
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	8							
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	(3)							

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

	GLOBAL POVER	TY PRO	JECT, INC	! •			42-3	1772	<u>557</u>	
Pa	rt I Types of Property									
	•	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	nor	(d Method of d cash contrib	etermir		s
1	Art · Works of art									
2	Art · Historical treasures									
3	Art · Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities · Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or					1				
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (FOOD EVENTS)	X	0	37	,000.	FAIR	VALUE			
26	Other ► (GRAPHIC PRINT)	X	0				VALUE			
27	Other • ()									
28	Other (									
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions						
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement	29					
									Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, line	es 1 throu	gh 28, th	at it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which is not requi	ired to be	used for				
	exempt purposes for the entire holding period?	?						30a		_X_
ь	If "Yes," describe the arrangement in Part II.								:	
31	Does the organization have a gift acceptance p	policy that re	quires the review	of any non-standa	rd contrib	utions?		31		<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sel	l noncash					
	contributions?	_,,		•••••				32a		X
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	columa (c) f	or a type of proper	ty for which colum	n (a) is ch	ecked,				
	describe in Part II.									

Schedule M	(Form 990) (2015) GLOBAL POVERTY	PROJECT,	INC.	42-1772557 Pag
Part II	Supplemental Information. Provide the is reporting in Part I, column (b), the number of this part for any additional information.	information requir contributions, the r	ed by Part I, lines 30b, 32b, ar number of items received, or a	nd 33, and whether the organization combination of both. Also complete
		··· \ \ · · · · · · · · · · · · · · · ·		
				****
				W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
			· · ·	·

#### SCHEDULE O

(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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Name of the organization

GLOBAL POVERTY PROJECT, INC.

Inspection

Employer identification number

42-1772557

Schedule O (Form 990 or 990-EZ) (2015)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACTION TO END EXTREME POVERTY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ENVIRONMENT - WITH A FOCUS ON CLIMATE CHANGE AND HEALTH IMPAIRING AIR POLLUTION; AND CITIZENSHIP - IDENTIFYING AS GLOBAL CITIZENS, AND STARTING A JOURNEY OF ACTION-TAKING FOR THE WORLD'S POOREST. TOGETHER WITH OUR MAJOR EVENTS AND PARTNERS, OUR 2015 CAMPAIGNING RESULTED IN FINANCIAL AND POLICY COMMITMENTS SET TO AFFECT AT LEAST 210 MILLION LIVES BY 2030, IN LINE WITH THE GLOBAL GOALS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES: LIVE BELOW THE LINE - A FUNDRAISING CAMPAIGN, THE CHALLENGE IS TO SPEND 5 DAYS LIVING ON THE LOCAL EQUIVALENT OF THE EXTREME POVERTY LINE OF \$1.50 PER DAY FOR ALL FOOD AND DRINK. THE CAMPAIGN PROVIDES PARTICIPANTS WITH AN INSIGHT INTO THE LACK OF CHOICES AND OPPORTUNITY FACED BY THOSE LIVING IN EXTREME POVERTY, AND THE WAY THAT BROKEN SYSTEMS CAN TRAP HARD WORKING PEOPLE IN EXTREME POVERTY. LIVE BELOW THE LINE WAS LAUNCHED IN 2009 AND COMPLETED IN 2015. THIS CAMPAIGN WILL BE RE-LAUNCHED IN 2017. GLOBALCITIZEN.ORG - IN 2015, WITH THE FINANCIAL SUPPORT OF THE BILL AND MELINDA GATES FOUNDATION, THE GLOBAL POVERTY PROJECT SIGNIFICANTLY

INCREASED ITS PUBLIC-ENGAGEMENT PLATFORM, GLOBALCITIZEN.ORG. BY PLACING

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

532211 09-02-15

•	
Schedule O (Form 990 or 990-EZ) (2015)  Name of the organization	Page 2
GLOBAL POVERTY PROJECT, INC.	Employer identification number 42-1772557
AN EMPHASIS ON ORIGINAL WRITTEN AND VIDEO CONTENT, AND WO	RKING WITH
PARTNERS, THE SITE NOW PROVIDES A YEAR-ROUND DESTINATION	FOR MEMBERS
WHO SIGN UP TO THE GLOBAL CITIZEN PLATFORM TO TAKE ACTION	S TO HELP THE
WORLD'S POOR AND COMMUNICATE WITH LIKE-MINDED INDIVIDUALS	TO
COLLECTIVELY SOLVE THE WORLD'S GREATEST CHALLENGES.	
EXPENSES \$ 1,214,923. INCLUDING GRANTS OF \$ 0. REVENU	E \$ 194,841.
FORM 990, PART VI, SECTION B, LINE 11:	
PRIOR TO ITS SUBMISSION, 990 FORMS AND SUPPORTING MATERIA	
THE FINANCE COMMITTEE ON BEHALF OF THE BOARD OF DIRECTORS	
FORM 990, PART VI, SECTION B, LINE 12C:	
ACTIVE DISCUSSION DURING BOARD MEETINGS OF POTENTIAL AND	IDENTIFIED
CONFLICTS OF INTEREST.	<del></del>
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION MUST BE APPROVED BY THE BOARD. BOARD CONSIDER	RS THE
COMPENSATION OF COMPARABLE ORGANIZATIONS. IF EMPLOYEE IS 2	ALSO A BOARD
MEMBER, HE OR SHE MAY NOT PARTICIPATE IN THE DISCUSSION OF	R VOTE ON HIS OR
HER COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
GLOBAL POVERTY PROJECT, INC. DOES MAKE ITS GOVERNING DOCUM	MENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON
REQUEST.	
	<del></del>

PRODUCTION:

FORM 990, PART IX, LINE 11G, OTHER FEES:

### Form 5471

(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

## Information Return of U.S. Persons With Respect To Certain Foreign Corporations

For more information about Form 5471, see www.lrs.gov/form5471

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning TAN 1 2015, and ending DEC 31 2015

OMB No. 1545-0704

Attachment Sequence No. 121

Name of person filing this return			A Identifying number					
GLOBAL POVERTY PROJECT, IN	IC.		42-1772557					
Number, street, and room or suite no. (or P.O. box number if mail is n		s)	B Category of filer (See instructions, Check applicable box(es)):					
594 BROADWAY, NO. 207				1 (repealed)	2 🔲	3 🔲	4 X	5 X
City or town, state, and ZIP code			C Enter the total p	ercentage of	the foreign o	orporation'	s voting sto	<del> </del>
NEW YORK, NY 10012			you owned at th	ie end of its ai	nnual accou	nting period	100	.00 %
Filer's tax year beginning JAN 1	, $2015$ , and endir	ig DE	C 31	,20	15			
D Check if any excepted specified foreign financial assets		m (see in	structions)					🗀
E Person(s) on whose behalf this information return is file	ed;			<del> </del>				
(1) Name	(2) Addre	ss		(3) Identifyir	ng number	(4) Chec Shareholder	k applicable Officer	box(es) Director
			:					
						···		
Important: Fill in all applicable lines and schedule	es. All information <b>m</b> u	ıst be ii	n English. All amou	ınts <mark>must</mark> b	e stated in	U.S. dolla	rs	
unless otherwise indicated.				1		<del></del>		
1a Name and address of foreign corporation GLOBAL POVERTY PROJECT U	777				loyer identif		iber, if any	
19 FITZROY STREET	I.V.				00000 rence ID nu		netruotione	······································
LONDON WIT 4BP				00		muer (See i	iistructions,	,
UNITED KINGDOM					ntry under w	/hose laws	ncornorate	r!
					•	KINGD	•	-
d Date of e Principal place of business	f Principal	g l	Principal business ac			h Function		
incorporation LONDON	business activity code number	NON	PROFIT					
03/11/10UNITED KINGDOM	<u>  813000  </u>				UNITE	D KIN	GDOM,	<u>POUND</u>
2 Provide the following information for the foreign corpo								
a Name, address, and identifying number of branch office	e or agent (if any) in the	United S	States	b If a U.S. i	ncome tax r			
				(i) Taxable in	come or (lo:		I.S. income after all cre	
			ŀ	<u> </u>		<del></del>		
c Name and address of foreign corporation's statutory of	r resident agent	d	Name and address (	(including cor	porate dena	rtment, if a	onlicable) o	
in country of incorporation	-		person (or persons)	with custody	of the book	s and reco	ds of the fo	reign
WENDY COURTENAY			corporation, and the	e location of s	uch books a	ina recoras	, ii oinerent	
19 FITZROY STREET								
LONDON W1T 4BP								
UNITED KINGDOM								
Schedule A Stock of the Foreign Con	noration	L						
Stock of the Foreign Col	poración		l	(h) Nur	nber of shar	rec iccuert s	nd autstani	fina
(a) Description of eac	h class of stock		ļ		ng of annual		i) End of an	
(a) Dosbiblion of Sub-	i blass of stock				ing period		counting p	
						<u> </u>		
LHA For Paperwork Reduction Act Notice, see Instruction	ns.					Form 5	<b>471</b> (Rev	. 12-2015)

SEE STATEMENT 1

<u>"Oligi 547 T (Nev. 12</u>				
Schedule B	U.S.	Shareholders	of Foreign	Corporation

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder.  Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata shar of subpart F income (enter a a percentage)
GLOBAL POVERTY PROJECT				
594 BROADWAY				
NEW YORK NY 10012 421772557				-
				_
				_
				-
				-
				4
				-
Schedule C. Income Statement				7

Schedule C Income Statement

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	_2		
Ë	3 Gross profit (subtract line 2 from line 1c)	3		
Income	4 Dividends	4		····
=	5 Interest	5		
	6a Gross rents	6a		
	b Gross royalties and ficense fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8 Other income (attach statement) SEE STATEMENT 2	8	798,208.	1,219,668.
	9 Total income (add lines 3 through 8)	9	798,208.	1,219,668.
	10 Compensation not deducted elsewhere	10	450,851.	688,904.
	11a Rents	11a	43,124.	65,894.
	b Royalties and license fees	11b		
S I	12 Interest	12		
뱛	13 Depreciation not deducted elsewhere	13	1,170.	1,788.
Deductions	14 Depletion	14		
å	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16 Other deductions (attach statement - exclude provision for income, war profits,	' "		
	and excess profits taxes) SEE STATEMENT 3	16	317,671.	485,404.
	17 Total deductions (add fines 10 through 16)	17	812,816.	1,241,990.
	18 Net income or (loss) before extraordinary items, prior period adjustments, and			
40	the provision for income, war profits, and excess profits taxes (subtract line	$oxed{oxed}$		
Ē	17 from line 9)	18	-14,608.	-22,322.
Net Income	19 Extraordinary items and prior period adjustments	19		
et	20 Provision for income, war profits, and excess profits taxes	20		
2			1.4.500	20.200
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	-14,608.	-22,322.

Page 3

[	Schedule E	Income, War Profits, and Excess P	rofits Taxes Paid or Accru	ıed	
		(2)		Amount of tax	
		(a) Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(ď) In U.S. doliars
1	U.S.				
2					
3					
4					
5					
6					
7					
	Total			<b>&gt;</b>	

Schedule F | Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets			(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	$\top$	124,276.	90,794.
2a	Trade notes and accounts receivable	2a	Ţ	2,486.	160.
b	Less allowance for bad debts	25	1	) (	
3	Inventories				
4	Other current assets (attach statement)	4			
5	Loans to shareholders and other related persons	5			
6	Investment in subsidiaries (attach statement)	6			
7	Other investments (attach statement)		I		
8a	Buildings and other depreciable assets	8a		3,324.	4,484.
b	Less accumulated depreciation	8b	L	) (	
9a	Depletable assets	9a			
b	Less accumulated depletion	9b	1	) (	)
10	Land (net of any amortization)	10	Τ		
11	Intangible assets;		1		
a	Goodwill	11a			
b	Organization costs	110			
C	Patents, trademarks, and other intangible assets	11c			
đ	Less accumulated amortization for lines 11a, b, and c		(	) (	)
12	Other assets (attach statement)				
13	Total assets	1.		130,086.	95,438.
	Liabilities and Shareholders' Equity				
14	Accounts payable	14	T	12,444.	14,529.
15	Other current liabilities (attach statement) SEE STATEMENT 4	15			16,508.
16	Loans from shareholders and other related persons	16			
17	Other liabilities (attach statement)	17			
18	Capital stock:		Γ		
a	Preferred stock	18a			
b	Common stock	18b			
19	Paid-in or capital surplus (attach reconciliation)	19			· · · · · ·
20	Retained earnings	20		117,642.	64,401.
21	Less cost of treasury stock	21	(	1)(	}
			1	Į.	

Form 5471 (Rev. 12-2015)

	rm 5471 (Rev. 12-2015)		· · · · · · · · · · · · · · · · · · ·			Page ·
L	chedule G Other Information					
1	During the tay year did the foreign perpendien own at least a 100/ intercept	ne dinasti, andrasticasti, ta	. aut. faustuu		Yes	No
'	During the tax year, did the foreign corporation own at least a 10% interes					X
	partnership?  If "Yes," see the instructions for required statement.	************************************				
2	During the lax year, did the foreign corporation own an interest in any true	st?				X
3	During the tax year, did the foreign corporation own any foreign entities the	nat were discenarded as e	ntities senarate	****************		
	from their owners under Regulations sections 301.7701-2 and 301.7701-	·3?	minos esparato			X
	If "Yes," you are generally required to attach Form 8858 for each entity (se	ee instructions).	***************************************			L
4	During the tax year, was the foreign corporation a participant in any cost s				X	
5	During the course of the tax year, did the foreign corporation become a pa	articipant in any cost shar	ing arrangement?	······		X
6	During the tax year, did the foreign corporation participate in any reportab	le transaction as defined	in Regulations section 1,601	11-4?		X X X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(					
7	During the tax year, did the foreign corporation pay or accrue any foreign	tax that was disqualified t	for credit under section			
	901(m)?	***************************************	*************			X
8	During the tax year, did the foreign corporation pay or accrue foreign taxe					
	were previously suspended under section 909 as no longer suspended?				<i></i> .	LX.
_	chedule H Current Earnings and Profits					
	portant: Enter the amounts on lines 1 through 5c infunctional					
1	Current year net income or (loss) per foreign books of account	·····		1	-14,	<u>608</u>
2	Net adjustments made to line 1 to determine current earnings and					
	profits according to U.S. financial and tax accounting standards	Net	Net			
	(see instructions):	Additions	Subtractions	_		
	Capital gains or losses					
	Depreciation and amortization			_		
C.	Depletion			-		
đ	Investment or incentive allowance					
f						
,	Inventory adjustments			_		
h	Other (attach statement)			_		
3	Total net additions			_		
4	Total net subtractions					
5a	Current earnings and profits (line 1 plus line 3 minus line 4)			5a	-14,	608.
b	DASTM gain or (loss) for foreign corporations that use DASTM			5b		
¢	Combine lines 5a and 5b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5c	-14,	608.
đ	Current earnings and profits in U.S. dollars (line 5c translated at the appro	priate exchange rate as d	elined in section 989(b)	*   · · ·		
	and the related regulations)			, 5d	-22,	321.
	Enter exchange rate used for line 5d . 654447				· · · · · · · · · · · · · · · · · · ·	
S	chedule I Summary of Shareholder's Income Fro	om Foreign Corp	oration			
	em E on page 1 is completed, a separate Schedule I must be filed for each ( being completed for:	Category 4 or 5 filer for wi	nom reporting is furnished o	n this Form 54	171. This schedu	le
Nar	ne of U.S. shareholder		Identifying number	<b>&gt;</b>		
1	Subpart F income (line 38b, Worksheet A in the instructions)					
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions	s}		2		
3	Previously excluded subpart F income withdrawn from qualified investmen					
4	Previously excluded export trade income withdrawn from investment in ex			·	·	
	the instructions)			. 4		
5	Factoring income		**************	5		
6	Total of lines 1 through 5. Enter here and on your income tax return	***************************************	•••••	. 6		
7	Dividends received (translated at spot rate on payment date under section	989(b)(1))		7		
8	Exchange gain or (loss) on a distribution of previously taxed income		<del>«</del>	. 8		
					Yes	No
•					📙	X
•	Did any such income become unblocked during the tax year (see section 9	)64(b))?			<b>ப</b>	X
If th	e answer to either question is "Yes," attach an explanation.					

FORM 5471 NAME, ADDRESS, IDENTIFY SHARES SUBSCRIBED TO THE STOCK OF THE	D BY EACH SUBSCR	IBER TO	STATEMENT 1
NAME AND ADDRESS		IDENTIFYI NUMBER	ING NUMBER OF SHARES
GLOBAL POVERTY PROJECT, INC. 594 BROAD 10012	DWAY NEW YORK NY	421772557	,
FORM 5471 OTHER	R INCOME		STATEMENT 2
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
CONTRIBUTIONS AND GRANTS PROGRAM REVENUE MISCELLANEOUS REVENUE	689,260. 106,948. 2,000.	.654447 .654447 .654447	1,053,195. 163,417. 3,056.
TOTAL TO 5471, SCHEDULE C, LINE 8	798,208.		1,219,668.
FORM 5471 OTHER D	DEDUCTIONS		STATEMENT 3
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
BANK CHARGES	880.	.654447	1,345.
CONTRACTED SERVICES	63,482.	.654447	97,001.
INSURANCE	4,015.	.654447	6,135.
PROFESSIONAL FEES	1,509.	.654447	2,306.
PRINTING, POSTAGE AND STATIONERY	2,300.	.654447	3,514.
RECRUITMENT COST	1,068.		1,632.
TELEPHONE	4,407.	.654447	6,734.
TRAVEL	43,993.		67,222.
LBL COSTS	2,046.		3,126.
ADVERTISING AND MARKETING EXPENSES MEALS AND ENTERTAINMENT	14,349. 748.		21,925. 1,143.
MEALS AND ENTERTAINMENT SUBSCRIPTIONS	740. 295.		451.
IT	5,538.		8,462.
ACCOUNTING	3,532.		5,397.
UCCOON I THE	3,956.		6,045.
CLEANING		.654447	272.
CLEANING OFFICE EXPENSES	337.		
CLEANING OFFICE EXPENSES CAMPAIGN EXPENSES LOCATION HIRE		.654447	515. 245,830. 6,621.

FORM 5471 OTHER CURRENT LIAI	BILITIES	STATEMENT 4
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ACCRUED PAYROLL		16,508.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15		16,508.

### Foreign Corporation GLOBAL POVERTY PROJECT UK

00000000

Schedule I Shareholder's Income From Foreign Corporation	
Name of shareholder described in Category 5 GLOBAL POVERTY PROJECT, INC.	Identifying number 421772557
Shareholder's income from foreign corporation	
1 Subpart Fincome	1
2 Earnings invested in U.S. property	2
3 Previously excluded subpart F income withdrawn from qualified investments	3
4 Previously excluded export trade income withdrawn from investment in export trade assets	4
5 Factoring income	5
6 Total of lines 1 through 5	6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7
8 Exchange gain or (loss) on a distribution of previously taxed income	.,,,,, 8

(Rev. December 2012) Department of the Treasury Internal Revenue Service SCHEDULE (Form 5471)

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

▶ Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.

► Attach to Form 5471.

Identifying number

OMB No. 1545-0704

30,761. 16,153. Schedule J (Form 5471) (Rev. 12:2012) (combine columns (a), (b), and (c)) (d) Total Section 964(a) E&P 42-1772557 (iii) Subpart Fincome Reference ID number 001 (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) (ii) Earnings Invested in Excess Passive Assets 000000000 EIN (if any) (i) Earnings Invested in U.S. Property Not Previously Taxed 959(c)(3) balance) (b) Pre-1987 E&P (pre-87 section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471. Undistributed Earnings 16,153 16,153 30,761 14,608 16,153 959(c)(3) balance) (post-86 section (a) Post-1986 INC. Š GLOBAL POVERTY PROJECT Name of foreign corporation GLOBAL POVERTY PROJECT not previously taxed (line 1 plus line 2a 5a Actual distributions or reclassifications Balance at end of year. (Enter amount Balance of E&P not previously taxed b Actual distributions of nonpreviously 3 Total current and accumulated E&P end of year (line 1 plus line 4, minus from line 6a or line 6b, whichever is 6a Balance of previously taxed E&P at 951(a) or reclassified under section at end of year (line 3 minus line 4, Important: Enter amounts in Amounts included under section Balance at beginning of year functional currency. b Current year deficit in E&P of previously taxed E&P or line 1 minus line 2b) 959(c) in current year Name of person filing Form 5471 2a Current year E&P minus line 5b) applicable.) taxed E&P line 5a) ~ 4

#### SCHEDULE M (Form 5471)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

► Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

GLOBAL POVERTY PROJE	CT, INC.				42-1772557
Name of foreign corporation		EIN (if any)		Reference ID number	35 57,200,
GLOBAL POVERTY PROJE	CT UK	00000000	0	001	
Important: Complete a separate Schedule	e M for each controlled	foreign corporation.	Enter the totals f	or each type of transac	ction that occurred during
the annual accounting period between ti	he foreign corporation	and the persons listed	l in columns (b) t	hrough (f). All amounts	must be stated in U.S.
dollars translated from functional current	cy at the average excha	ange rate for the foreig	n corporation's	tax year. See instructio	ns.
Enter the relevant functional currency and the	exchange rate used throu	ughout this schedule ➤	UNITED K	INGDOM, POUN	D .654447
(a) Transactions	(b) II S person	(C) Any domestic corporation or partnership	(d) Any other for corporation or partn	eign (8) 10% or more shareholder of cont	U.S. (f) 10% or more U.S. shareholder of
of foreign corporation	(b) U.S. person lilling this return	controlled by U.S. person	controlled by U.S. person	foreign corporati	on any corporation
		filing this return	filing this retur	n person filing this re	eturn) corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than					
stock in trade					
3 Sales of property rights (patents,					
trademarks, etc.) Platform contribution transaction payments					
- received					
5 Cost sharing transaction payments received					
6 Compensation received for technical,			1		
managerial, engineering, construction,					
or like services					
7 Commissions received					·
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed					"
distributions under subpart F and dist-	;				
ributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or					
reinsurance					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other					
than stock in trade					
15 Purchases of property rights					
(patents, trademarks, etc.)			··· ··· · · · · · · · · · · · · · · ·		
16 Platform contribution transaction payments paid			<del> </del>		
17 Cost sharing transaction payments paid					
18 Compensation paid for technical,					
managerial, engineering, construction,					
or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid	i				
22 Interest paid					
23 Premiums paid for insurance or					
reinsurance 24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum					
TO VINDRING DOLLOWER LEUGH THE HIGHHIRTH			1		[

loan balance during the year) - see instr.

26 Amounts loaned (enter the maximum loan balance during the year) - see instr.

## Form **5471**

(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

## Information Return of U.S. Persons With Respect To Certain Foreign Corporations

For more information about Form 5471, see www.irs.gov/form5471

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JAN 1, 2015, and ending DEC 31, 2015

OMB No. 1545-0704

Attachment Sequence No. 121

Name of person filing this return		A Identifying number					
GLOBAL POVERTY PROJECT, INC.			42-1772	557			
Number, street, and room or suite no. (or P.O. box number	r if mall is not delivered to street address)		B Category of filer		ions. Check a	pplicable box(es)):	
594 BROADWAY, NO. 207			- •	1 (repealed)	2 🔲	3 4 X	5 X
City or town, state, and ZIP code			C Enter the total p	ercentage of t	he foreign co	rporation's voting st	ock
NEW YORK, NY 10012			you owned at th	e end of its ar	inual account	ting period 100	).00 %
			2 31	,20	15		
D Check if any excepted specified foreign finance		see ins	tructions)		· · · · · · · · · · · · · · · · · · ·		
E Person(s) on whose behalf this information re	eturn is filed;			<del></del>			
(1) Name	(2) Address			(3) Identifyir	ng number s	(4) Check applicable officer	e box(es) Director
Important: Fill in all applicable lines and unless otherwise indicated.	schedules. All information must	be in	English. All amou	Ints <b>mus</b> t be	e stated in U	J.S. dollars	<u> </u>
1a Name and address of foreign corporation				b(1) Emp	loyer identific	ation number, if any	
GLOBAL POVERTY PROJE	ECT LTD			0.0	000000	0	
C/O PLATFORM ADVISOR	RS PTY LTD, 695 B	URI	KE ROAD	4		ber (see instructions	s)
CAMBERWELL VI 3124				0.0			
AUSTRALIA				1	*	ose laws incorporate	ed
d Date of e Principal place of busin	nace (4 Principal	· <u>-</u> -			<u>STRALI</u>		
inacracration	business activity	-	rincipal business ac	tivity	ft	Functional currency	'
04/14/10AUSTRALIA	code number N 813000	IONE	PROFIT		א נונט שט א	TTA DOLL	λD
2 Provide the following information for the fore		etatad	ahoue		MUSIKA	LIA, DOLI	JAK_
a Name, address, and identifying number of br				h IfaUS i	ncome tax ref	turn was filed, enter:	
a manifestation and restricting terms of br	and one or agont (ii any) in all on					(ii) ILS, income	
				(i) Taxable in	come or (toss	(after all cr	
					· · · · · · · · · · · · · · · · · · ·		
c Name and address of foreign corporation's s in country of incorporation	tatutory or resident agent	1 1	person (or persons)	with custody	of the books	ment, if applicable) ( and records of the f d records, if differen	oreign
PLATFORM ADVISORS PT	TY LTD		corporation, and the	FOCALION OF SI	DCII BOUNS AII	u records, ii diiseren	•
CAMBERWELL VI 3124							
AUSTRALIA							
		L					····
Schedule A Stock of the Foreig	gn Corporation			** 1 **			
			}			s issued and outstar	
(a) Descripti	ion of each class of stock				ng of annual ng period	(ii) End of a accounting p	
			<del></del>				·
	·			<u>,</u>	·	_	
						+	
LHA For Paperwork Reduction Act Notice, see	instructions.					Form <b>5471</b> (Re	v. 12-2015)

Form 5471 (Rev. 12-2015)

Schedule B U.S. Shareholders of	Foreign Corporation			
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder.  Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
GLOBAL POVERTY PROJECT				
594 BROADWAY				
NEW YORK NY 10012 421772557				]
•				
<u></u>				
		· · ·		
			***************************************	
				J

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	16		
	c Subtract line 1b from line 1a	1¢		
	2 Cost of goods sold	2		
ä	3 Gross profit (subtract line 2 from line 1c)	3		
Income	4 Dividends	4		
=	5 Interest	5	119.	90.
	6a Gross rents	68		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8 Other income (attach statement) SEE STATEMENT 6	8	1,194,333.	898,310.
	9 Total income (add lines 3 through 8)	9	1,194,452.	898,400.
	10 Compensation not deducted elsewhere	10	-775.	-583.
	11a Rents	11a		
	b Royalties and license fees	116		
SE.	12 Interest	12		
Deductions	13 Depreciation not deducted elsewhere	13		
ğ	14 Depletion	14		
۵	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16 Other deductions (attach statement - exclude provision for income, war profits,			
	and excess profits taxes) SEE STATEMENT 7	16	662,872.	<u>498,575.</u>
	17 Total deductions (add lines 10 through 16)	17	662,097.	497,992.
	18 Net income or (loss) before extraordinary items, prior period adjustments, and			
ø.	the provision for Income, war profits, and excess profits taxes (subtract line			
Ě	17 from line 9)	18	532,355.	400,408.
Ě	19 Extraordinary items and prior period adjustments	19		
Net Income	20 Provision for income, war profits, and excess profits taxes	20		
Z	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	532,355.	400,408.

Page 3

S	chedule E Income, War Profits, and Excess Prof	fits Taxes Paid o	r Acc	rued	
	· ···			Amount of tax	
(a) Name of country or U.S. possession		( <b>b)</b> In foreign curr	ency	(c) Conversion rate	(d) In U.S. dollars
1	J.S.				
2					
3					
4					
5					
6					
7					
8 T	otal			•	
Sc	hedule F Balance Sheet				
Imp	portant: Report all amounts in U.S. dollars prepared and transle porations.	ated in accordance wi	ith U.S.	GAAP. See instructions for	an exception for DASTM
	Assets			(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	************************	. 1	316,862.	
2a		**************************	2a	65,229.	
b		*************************	_ 2b	( )	(
3	Inventories		. 3		
4	Other current assets (attach statement)		. 4		
5	Loans to shareholders and other related persons		. 5		
6	Investment in subsidiaries (attach statement)	***************************************	6		
7	Other investments (attach statement)		. 7		
8a	Buildings and other depreciable assets		. 8a		
b	Less accumulated depreciation	·····	8b	( )	{
9a	Depletable assets		9a		
b	Less accumulated depletion		9b	( )	(
10	Land (net of any amortization)		10		***************************************
11	Intangible assets;				
a	Goodwill		11a		
b	Organization costs				
C	Patents, trademarks, and other intangible assets	,,,,,	110		
đ	Less accumulated amortization for lines 11a, b, and c		11d	( )	(
12	Other assets (attach statement)	***************************************	12		
13	Total assets		13	382,091.	444,554.
	Liabilities and Shareholders' Equity	<i>t</i>			
14	Accounts payable		14	319,143.	5,297.
15	Other current liabilities (attach statement)	***************************************	15		
16	Loans from shareholders and other related persons		16		****
17	Other liabilities (attach statement)	·····	17		
18	Capital stock:				
a					
b	Common stock		18b		
19	Paid-in or capital surplus (attach reconciliation)		19	,	
20	Retained earnings		_20	62,948.	439,257.
21	Less cost of treasury stock		21	(	()
22	Total fiabilities and shareholders' equity		22	382,091.	444,554.

	rm 5471 (Rev. 12-2015) Schedule G. Other Information				<del>.</del>	Page 4
	Other information				Yes	No No
1	During the tax year, did the foreign corporation own at least a 10% interest	est, directly or indirectly, in	any foreign			
	partnership?					X
	If "Yes," see the instructions for required statement.					_
2	During the tax year, did the foreign corporation own an interest in any tre	ıst?				X
3	During the tax year, did the foreign corporation own any foreign entities to					[ ]
	from their owners under Regulations sections 301.7701-2 and 301.7701 If "Yes," you are generally required to attach Form 8858 for each entity (s	ea instructions)	••••			X
4	During the tax year, was the foreign corporation a participant in any cost					X
5	During the course of the tax year, did the foreign corporation become a p	articipant in any cost shari	no arrangement?		H.	X
6	During the tax year, did the foreign corporation participate in any reporta					X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4		_	•••		
7	During the tax year, did the foreign corporation pay or accrue any foreign	ı tax that was disqualified fo	or credit under section			
	901(m)?		***************************************			X
8	During the tax year, did the foreign corporation pay or accrue foreign tax					
٦	were previously suspended under section 909 as no longer suspended?					X
	chedule H Current Earnings and Profits  portant: Enter the amounts on lines 1 through 5c infunctional	OUPPOROW.				
1				1	532,	255
2	Net adjustments made to line 1 to determine current earnings and					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	profits according to U.S. financial and tax accounting standards	Net	Net			
	(see instructions):	Additions	Subtractions			
a	Capital gains or losses					
	Depreciation and amortization					
C	Depletion			4		
d				4		
e	Charges to statutory reserves		, , , , , , , , , , , , , , , , , , ,	4		
f	Inventory adjustments			$\dashv$		
h	Taxes Other (attach statement)			-		
3	Total net additions			$\dashv$		
4	Total net subtractions					
5a	Current earnings and profits (line 1 plus line 3 minus line 4)	***************************************		5a	532,3	355.
b	DASTM gain or (loss) for foreign corporations that use DASTM	*******************************		5b		
C	Combine lines 5a and 5b	·····		5c	532,3	<u> 355.</u>
d	Current earnings and profits in U.S. dollars (line 5c translated at the appro	opriate exchange rate as de	fined in section 989(b)	1 1	•	
	and the related regulations)  Enter exchange rate used for line 5d   1.329533	,	******************************	5d	400,4	<u> 804</u>
S	Enter exchange rate used for line 5d ► 1.329533  chedule I Summary of Shareholder's Income Fr	om Foreign Corno	ration			<del></del>
_	em E on page 1 is completed, a separate Schedule I must be filed for each	······································		this For	n 5471 This schedul	
	being completed for:	outegory 4 or 5 mer for wit	om reporting is familished (in	una i vit	12 547 (. 11115 SCHCOUR	G .
	•					
Nar						
1	Subpart F Income (line 38b, Worksheet A in the instructions)					
2	Earnings invested in U.S. property (line 17, Worksheet B in the instruction					
3	Previously excluded subpart F income withdrawn from qualified investme	=		3		
4	Previously excluded export trade income withdrawn from investment in ex-	. , .		1.1		
5	the instructions) Factoring income			4		
5 6	Total of lines 1 through 5, Enter here and on your income tax return			6		
7	Dividends received (translated at spot rate on payment date under section					<del></del>
8	Exchange gain or (loss) on a distribution of previously taxed income					
					Yes	No
•	Was any income of the foreign corporation blocked?			******		X
•	Did any such income become unblocked during the tax year (see section	964(b))?				X
lf th	e answer to either question is "Yes," attach an explanation.					
				F	orm <b>5471</b> (Rev. 12	(-2015)

TOTAL TO 5471, SCHEDULE C, LINE 16

FORM 5471 NAME, ADDRESS, IDENTIF SHARES SUBSCRIBED T THE STOCK OF THE	O BY EACH SUBSCR	IBER TO	STATEMENT 5
NAME AND ADDRESS		IDENTIFYIN NUMBER	G NUMBER OF SHARES
GLOBAL POVERTY PROJECT, INC. 594 BROA 10012	DWAY NEW YORK NY	421772557	
FORM 5471 OTHE	R INCOME		STATEMENT 6
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
CONTRIBUTIONS AND GRANTS MISCELLANEOUS REVENUE	1,190,580. 3,753.	1.329533 1.329533	895,487. 2,823.
TOTAL TO 5471, SCHEDULE C, LINE 8	1,194,333.		898,310.
FORM 5471 OTHER	DEDUCTIONS		STATEMENT 7
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
BANK, FINANCE, AND EXCHANGE CHARGES MARKETING AND COMMUNICATION EXPENSE CAMPAIGN EXPENSES ADMIN MISC. EXPENSE EMPLOYEE BENEFITS	-3,753. 48,792. 506,115. 43,971. 67,747.	1.329533 1.329533 1.329533 1.329533 1.329533	-2,823. 36,699. 380,671. 33,073. 50,955.

662,872.

498,575.

Foreign Corporation GLOBAL POVERTY PROJECT LTD	00000000
Schedule I Shareholder's Income From Foreign Corporation	
Name of shareholder described in Category 5 GLOBAL POVERTY PROJECT, INC.	fdentifying number 421772557
Shareholder's income from foreign corporation	
1 Subpart Fincome	1
2 Earnings invested in U.S. property	2
Previously excluded subpart F income withdrawn from qualified investments	3
4 Previously excluded export trade income withdrawn from investment in export trade assets	4
5 Factoring income	5
6 Total of lines 1 through 5	6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7
8 Exchange gain or (loss) on a distribution of previously taxed income	

SCHEDULE J (Form 5471)

(Rev. December 2012) Department of the Treasury Internal Revenue Service

Name of person filling Form 5471

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

OMB No. 1545-0704

▶ Information about Schedule J (Form 5471) and its instructions is at www.lrs.gov/form5471.

► Attach to Form 5471.

Identifying number

626,878. 94,523. (combine columns (d) Total Section 964(a) E&P (a), (b), and (c)) 42-1772557 (iii) Subpart Fincome Reference ID number 002 (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) (ii) Earnings Invested in Excess Passive Assets 000000000 EiN (if any) (i) Earnings Invested in U.S. Property Not Previously Taxed 959(c)(3) balance) (b) Pre-1987 E&P (pre-87 section 626,878. Undistributed Earnings 94,523 532,355 626,878 626,878 959(c)(3) balance) (post-86 section (a) Post-1986 INC. LTD GLOBAL POVERTY PROJECT, Name of foreign comparation GLOBAL POVERTY PROJECT not previously taxed (line 1 plus line 2a 5a Actual distributions or reclassifications Balance at end of year. (Enter amount b Actual distributions of nonpreviously b Balance of E&P not previously taxed 3 Total current and accumulated E&P end of year (line 1 plus line 4, minus from line 6a or line 6b, whichever is 951(a) or reclassified under section 6a Balance of previously taxed E&P at at end of year (line 3 minus line 4, Important: Enter amounts in Amounts included under section 1 Balance at beginning of year functional currency. b Current year deficit in E&P of previously taxed E&P or line 1 minus line 2b) 959(c) in current year 2a Current year E&P minus line 5b) applicable.) taxed E&P line 5a)

L.HA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12·2012)

#### SCHEDULE M (Form 5471)

(Rev. December 2012)

Department of the Treasury Internal Revenue Service

managerial, engineering, construction, or like services 7 Commissions received 8 Rents, royalties, and license fees received \_\_\_\_\_ 9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) 10 Interest received 11 Premiums received for insurance or reinsurance 12 Add lines 1 through 11 13 Purchases of stock in trade (inventory) 14 Purchases of tangible property other than stock in trade

15 Purchases of property rights

(patents, trademarks, etc.) 16 Platform contribution transaction payments paid 17 Cost sharing transaction payments paid 18 Compensation paid for technical,

#### Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471. Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 Identifying number GLOBAL POVERTY PROJECT, INC. 42-1772557 Name of foreign corporation EIN (if any) Reference ID number GLOBAL POVERTY PROJECT LTD 00000000 002 important; Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions. Enter the relevant functional currency and the exchange rate used throughout this schedule AUSTRALIA, 1.329533 (0) Any domestic corporation or partnership controlled by U.S. person (t) Any other foreign corporation or partnership controlled by U.S. person (f) 10% or more U.S. shareholder of (8) 10% or more U.S. (a) Transactions (b) U.S. person filing this return sholder of controlled foreign corporation (other than the U.S. erson filing this return) any corporation controlling the foreign foreign corporation filing this return corporation 1 Sales of stock in trade (inventory) 2 Sales of tangible property other than stock in trade 3 Sales of property rights (patents, trademarks, etc.)
Platform contribution transaction payments
received 5 Cost sharing transaction payments received 6 Compensation received for technical.

### Form **547**1

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

For more information about Form 5471, see www.irs.gov/form5471

n Corporations OMB No. 1545-0704

(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JAN 1, 2015, and ending DEC 31, 2015

Attachment Sequence No. 121

Form **5471** (Rev. 12-2015)

Name of person filing this return			A Identifying number					
GLOBAL POVERTY PROJEC	T. INC.		42-1772	2557				
Number, street, and room or suite no. (or P.O. box numb	er if mail is not delivered to street addres	ıs)	B Category of file		ons. Check	applicable	box(es));	<del></del>
594 BROADWAY, NO. 207				1 (repealed)	2 🔲	3 🗔	4 X	5 <b>X</b>
City or town, state, and ZIP code			C Enter the total p	ercentage of th	e foreign c	orporation'	s voting sta	ck
NEW YORK, NY 10012			you owned at th	ne end of its and	nual accour	nting period	100	.00 %
Filer's tax year beginning JAN 1	, 2015 , and endir			,202				
D Check if any excepted specified foreign finan		m (see ins	tructions)					<u> Ll</u>
E Person(s) on whose behalf this information i	return is filed:			T				
(1) Name	(2) Addre	S\$		(3) Identifying	g number		k applicable	
				-		Shareholder	Officer	Director
						· · · · · · · · · · · · · · · · · · ·		
		·						
Important: Fill in all applicable lines and	d schedules. All information mu	ıst be in	English. All amou	unts must be	stated in	U.S. dolla	Γ\$	
unless otherwise indicated.								
1a Name and address of foreign corporation				b(1) Emplo			ber, if any	
GLOBAL POVERTY PROJ					00000			
340 KING STREET EAS	T, 5TH FLOOR			b(2) Refere		mber (see i	nstructions)	ı
TORONTO ON M5A 1K8				003				
CANADA				<b>I</b>	try under w <b>VADA</b>	hose laws i	incorporate	ď
d Date of e Principal place of bus		g P	rincipal business ac			h Function	al currency	
incorporation TORONTO	business activity code number	_	PROFIT					
02/19/13CANADA	813000			(	ANAD	A, DO	LLAR	
<ol><li>Provide the following information for the for</li></ol>				· · · · · · · · · · · · · · · · · · ·				
a Name, address, and identifying number of b	ranch office or agent (if any) in the	United St	ates	b if a U.S. in	come tax r			
				(i) Taxable inc	ome or (los		l.S. income after all cred	
						,	anter an Gree	
c Name and address of foreign corporation's	statutory or resident agent	- In 1	Name and address	(includina com	orate dena	rtment if a	nniicable) of	<del></del>
in country of incorporation	v		person (or persons)	) with custody (	of the book	s and reco	ds of the fo	reign
DOMINIC MISHIO		'	corporation, and the	e location of su	ch books a	nd records.	, if different	
340 KING STREET EAS	T, 5TH FLOOR	ļ						
TORONTO ON M5A 1K8								
CANADA		İ						
Schedule A Stock of the Forei	gn Corporation			rt v M	<b></b>			<i>.</i>
A.A.B. a a suite	At						nd outstand	
(a) Uescrip	tion of each class of stock		1	(i) Beginning accounting			<ul> <li>End of an counting pe</li> </ul>	
				2200011111				

LHA For Paperwork Reduction Act Notice, see instructions.

Form 5471 (Rev. 12-2015)

Schedule B U.S. Shareholders of	roreign Corporation			
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(e) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
GLOBAL POVERTY PROJECT				
594 BROADWAY				
NEW YORK NY 10012 421772557				7
<del>441112331</del>				
				_
				_
				┪
				7
				7

Schedule C Income Statement

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
Ë	3 Gross profit (subtract line 2 from line 1c)	3		
Income	4 Dividends	4		
<u></u>	5 Interest	- 6		
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8 Other income (attach statement) SEE STATEMENT 8	8	178,420.	139,848.
	9 Total income (add lines 3 through 8)	9	178,420.	139,848.
	10 Compensation not deducted elsewhere	10	159,202.	124,785.
	11a Rents	11a		
	b Royalties and license fees	116		
ş	12 Interest	12		
身	13 Depreciation not deducted elsewhere	13		
Deductions	14 Depletion	14		
٥	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16 Other deductions (attach statement - exclude provision for income, war profits,			
	and excess profits taxes) SEE STATEMENT 9	16	66,559.	52,170.
	17 Total deductions (add lines 10 through 16)	17	225,761.	176,955.
	18 Net income or (loss) before extraordinary items, prior period adjustments, and			
•	the provision for income, war profits, and excess profits taxes (subtract line			
Ě	17 from line 9)	18	-47,341.	-37,107.
ğ	19 Extraordinary items and prior period adjustments	19		
Net Income	20 Provision for income, war profits, and excess profits taxes	20		
Z				
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	-47,341.	-37,107.

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued								
(a)	Amount of tax							
(a) Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars					
1 U.S.								
2								
3								
4								
5								
6			· · · · · · · · · · · · · · · · · · ·					
7								
8 Total		<b>&gt;</b>						
Schedule F Balance Sheet								

important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		Be	(a) ginning of annual counting period	(b) End of annual accounting period
1	Cash	1		74,736.	19,800
2a		1			-
b	Less allowance for bad debts	2b	(	)[(	(
3	Inventories	3			
4	Other current assets (attach statement)	4	1.		
5	Loans to shareholders and other related persons	5	l		
6	Investment in subsidiaries (attach statement)	6	Ī		
7	Other investments (attach statement)				
8a					
b		8b	(	) (	(
9a		9a			
Ь		9b	(	) (	
10	Land (net of any amortization)	10			
11	Intangible assets;				
â	Goodwill	11a			
b	Organization costs	11b			
C	Patents, trademarks, and other intangible assets	11c			
d		11d	(	) (	,
12	Other assets (attach statement)	12			
13	Total assets			74,736.	19,800.
	Liabilities and Shareholders' Equity		,		
14	Accounts payable	14			991.
15	Other current liabilities (attach statement)	15			
16	Loans from shareholders and other related persons	16	l		
17	Other liabilities (attach statement)				
18	Capital stock:		i		
a	Preferred stock	18a			
b	Common stock	18b			
19	Paid-in or capital surplus (attach reconciliation)	19			
20	Retained earnings			74,736.	18,809.
21	Less cost of treasury stock	21	(	) (	
		1	1	İ	

	orm 5471 (Rev. 12-2015)				Page 4
Ľ	Schedule G Other Information			<u> </u>	
1	2 2 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No
	partnership?  If "Yes," see the instructions for required statement.				X
2					72
3					X
0	from their owners under Paculations sections 201,7701,0 and 201,7703, 20				[ <del>11  </del>
	from their owners under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).				X
				<del> </del>	77
4 5	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		• • • • • • • • • • • • • • • • • • • •		X
6	2	y			X
U	2 ) j j j j j j j j j j j j j j j j j	ection 1.6011-4?	******		X
7	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(6).  During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under s	*:			
•				LJ	[ <del>3</del> 2
8	1 7				X
۰	were previously suspended under section 909 as no longer suspended?				X
Ę	Schedule H   Current Earnings and Profits	***************************************			i
	mportant: Enter the amounts on lines 1 through 5c infunctional currency.				
1			ī	-47,	3/1
2				- <del> </del>	747
_	profits according to U.S. financial and tax accounting standards Net Net	a t			
	(see instructions): Additions Subtra				
a	a Capital gains or losses	CHOILS			
b	Depreciation and amortization				
C					
d	Investment or incentive allowance				
e	e Charges to statutory reserves				
f					
g	g Taxes				
h	Other (attach statement)				
3					
4					
5a	Current earnings and profits (line 1 plus line 3 minus line 4)	56	.	-47,	341.
b		51	,	······································	
C	: Combine lines 5a and 5b	50	,	-47,	341.
đ	1 Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section	989(b)			
	and the related regulations)	50	1	-37,	107.
_	and the related regulations)  Enter exchange rate used for line 5d ▶ 1.275806				
_	Schedule I Summary of Shareholder's Income From Foreign Corporation				
	item E on page 1 is completed, a separate Schedule I must be tiled for each Category 4 or 5 filer for whom reporting is t s being completed for:	furnished on this F	orm 5	471. This schedul	e
		g number ►			
1	Subpart F income (line 38b, Worksheet A in the instructions)	<u>1</u>			
2	Earnings invested in U.S. property (line 17, Worksheet 8 in the instructions)				
3	Previously excluded subpart Fincome withdrawn from qualified investments (line 6b, Worksheet C in the instructions	s) <u>8</u>			
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in				
_	the instructions)		+	<del></del>	<del></del>
5 6	Factoring income  Total of lines 1 through 5. Enter here and an your prome to return	5	+		
o 7	Total of lines 1 through 5. Enter here and on your income tax return	6	+		
r R	Dividends received (translated at spot rate on payment date under section 989(b)(1))  Exchange gain or (loss) on a distribution of previously taxed income	7	+		
	Exchange gain or (1055) on a distribution of previously taxed should	8	1	Van	Mc
•	Was any income of the foreign corporation blocked?			Yes	No T
•	was any income of the foreign corporation blocked?  Did any such income become unblocked during the tax year (see section 964(b))?				<del>\frac{1}{\frac{1}{2}}</del>
if t1	the answer to either question is "Yes," attach an explanation.	*******************			لبعم

FORM 5471 OTI	HER INCOME		STATEMENT	
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLA	١R
CONTRIBUTIONS AND GRANTS FEE FOR SERVICE COMMISSION RECEIVED	89,738. 82,865. 5,817.	1.275806	70,33 64,95 4,55	51.
TOTAL TO 5471, SCHEDULE C, LINE 8	178,420.		139,84	8
DESCRIPTION OTHER	FUNCTIONAL CURRENCY	EXCHANGE	STATEMENT	
·· · <del>-</del> •	COMMENCE	RATE	U.S. DOLLA	R
EMPLOYEE BENEFITS PROFESSIONAL FEES AND CONSULTANTS TRAVEL OFFICE EXPENSES ADVERTISING AND MARKETING EXPENSES OTHER EVENT COSTS MEALS AND ENTERTAINMENT	3,186. 1,978. 20,141. 886. 37,473. 2,375. 520.	1.275806 1.275806 1.275806 1.275806 1.275806	2,49 1,55 15,78 69 29,37 1,86	7.

Foreign Corporation GLOBAL POVERTY PROJECT CANADA	00000000
Schedule I Shareholder's Income From Foreign Corporation	
Name of shareholder described in Category 5 GLOBAL POVERTY PROJECT, INC.	ldentifying number 421772557
Shareholder's income from foreign corporation	
1 Subpart F income	1
2 Earnings invested in U.S. property	<b>2</b>
3 Previously excluded subpart F income withdrawn from qualified investments	3
4 Previously excluded export trade income withdrawn from investment in export trade assets	4
5 Factoring income	5
6 Total of lines 1 through 5	6 <u></u>
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	
8 Exchange gain or (loss) on a distribution of previously taxed income	•

SCHEDULE J (Form 5471) (Rev. December 2012) Department of the Treasury Internal Revenue Service

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

OMB No. 1545-0704

Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.

► Attach to Form 5471.

91,571. (combine columns (d) Total Section 964(a) E&P (a), (b), and (c)) 42-1772557 Identifying number (iii) Subpart F Income Reference ID number 003 (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) (ii) Earnings trivested in Excess Passive Assets 000000000 EIN (if any) Earnings Invested in U.S. Property 1 Not Previously Taxed 959(c)(3) balance) (b) Pre-1987 E&P (pre-87 section 44,230. Undistributed Eamings 91,571 44,230 44,230 47,341 959(c)(3) balance) (post-86 section (a) Post-1986 GLOBAL POVERTY PROJECT CANADA INC GLOBAL POVERTY PROJECT not previously taxed (line 1 plus line 2a 5a Actual distributions or reclassifications Balance at end of year. (Enter amount b Balance of E&P not previously taxed b Actual distributions of nonpreviously Total current and accumulated E&P end of year (line 1 plus line 4, minus 6a Balance of previously taxed E&P at from line 6a or line 6b, whichever is 951(a) or reclassified under section at end of year (line 3 minus line 4, Important: Enter amounts in Amounts included under section Balance at beginning of year functional currency. b Current year deficit in E&P of previously taxed E&P or line 1 minus line 2b) 959(c) in current year Name of person filing Form 5471 2a Current year E&P Name of foreign corporation minus line 5b) applicable.) taxed E&P line 5a) • 4

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12:2012)

44,230.

#### SCHEDULE M (Form 5471)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

# Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

OMB No. 1545-0704

Name of person filing Form 5471

GLOBAL POVERTY PROJECT, INC.

Name of foreign corporation

GLOBAL POVERTY PROJECT CANADA

O0000000 000 003

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the e	exchange rate used thr	ovgnout this schedule	CANADA, DOL	LAK	1.275800
(#) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(ê) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)			1		
2 Sales of tangible property other than	,				
stock in trade					
3 Sales of property rights (patents,					
trademarks, etc.) Platform contribution transaction payments 4 received					
5 Cost sharing transaction payments received	· · · · · · · · · · · · · · · · · · ·				
6 Compensation received for technical,	<del></del>				
managerial, engineering, construction,					
or like services	· ·				
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed					*** * * * * * * * * * * * * * * * * * *
distributions under subpart F and dist-					
ributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or					
reinsurance					
12 Add lines 1 through 11				· ·	
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other					
than stock in trade					
15 Purchases of property rights					
(patents, trademarks, etc.)					
16 Platform contribution transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical,					·
managerial, engineering, construction,					
or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or					
reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum					
loan balance during the year) - see instr.			Į		
26 Amounts loaned (enter the maximum					
toan balance during the year) - see instr.					

### Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

A Maria and Citizan forman Assessment Assessment Assessment					
<ul> <li>If you are filing for an Automatic 3-Month Extension, com</li> </ul>	plete only P	art I and check this box		ightharpoons	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month</li> </ul>	Extension,	complete only Part II (on page 2 of	this form).		
Do not complete Part II unless you have already been grant	eđ an autom	atic 3-month extension on a previou	sly filed Form 8868.		
Electronic filing (e-file) . You can electronically file Form 8868	if you need	a 3-month automatic extension of ti	me to file (6 months for a co	rporation	
required to file Form 990-T), or an additional (not automatic) 3-	month exten	sion of time. You can electronically	file Form 8868 to request a	n extension	
of time to file any of the forms listed in Part I or Part II with the		-	-		
Personal Benefit Contracts, which must be sent to the IRS in					
visit www.irs.gov/efile and click on e-file for Charities & Nonpro		•	ū	·	
Part I Automatic 3-Month Extension of Ti		submit original (no copies ne	eded).		
A corporation required to file Form 990-T and requesting an at	ıtomatic 6-m	onth extension - check this box and	complete		
Part I only			·	<b>▶</b> □	
All other corporations (including 1120-C filers), partnerships, R	EMICs, and	rusts must use Form 7004 to reque	st an extension of time		
to file income tax returns.		·	Enter filer's identifying r	umber	
Type or Name of exempt organization or other filer, see ins	structions.		Employer identification number (El		
print			Employer identification sumber (Env)		
GLOBAL POVERTY PROJECT, I	NC.		42-1772	557	
Fite by the due date for Number, street, and room or suite no. If a P.O. box		tions.	Social security number (S		
filing your 594 BROADWAY NO. 207	.,		ooda oodan) namoo (o		
return. See instructions. City, town or post office, state, and ZIP code. For	a foreign add	ress, see instructions			
NEW YORK, NY 10012	u totolgit dat				
TIME TOTAL / TIL TOTAL					
Enter the Return code for the return that this application is for	file a concre	to application for each entry		01	
Litter the netarn code for the retain that this application is just	(iiie a separa	te application for each return)	************************	<u>  Q   #  </u>	
Application	Dotum	Application		Datum	
	Return	1 ''		Return	
Is For Form 990 or Form 990-EZ	Code	Is For	Code 07		
	01	Form 990-T (corporation)	orporation)		
Form 990-BL	02	Form 1041-A	08		
Form 4720 (individual)	03	Form 4720 (other than individual)		09	
Form 990-PF	04	Form 5227		10	
C 000 T/ 404/-\ 400/-\ 0				مد ا	
	05	Form 6069		11	
Form 990-T (trust other than above)	05 06	Form 6069 Form 8870		11 12	
Form 990-T (trust other than above) EDDIE TAUBE	06	Form 8870	. 10010		
Form 990-T (trust other than above)  EDDIE TAUBE  The books are in the care of  594 BROADWAY	06	Form 8870 207 - NEW YORK, NY	10012		
Form 990-T (trust other than above)  EDDIE TAUBE  The books are in the care of   594 BROADWAY  Telephone No.  347-782-6121	SUITE	Form 8870  207 - NEW YORK, NY  Fax No. ▶			
Form 990-T (trust other than above)  EDDIE TAUBE  The books are in the care of   594 BROADWAY  Telephone No.  347-782-6121  If the organization does not have an office or place of busin	SUITE	Form 8870  207 - NEW YORK, NY Fax No.   inted States, check this box		<u>12</u>	
Form 990-T (trust other than above)  EDDIE TAUBE  The books are in the care of  594 BROADWAY  Telephone No.  347-782-6121  If the organization does not have an office or place of busin  If this is for a Group Return, enter the organization's four dig	SUITE  SUITE  Sess in the Ur  Git Group Exe	Form 8870  207 - NEW YORK, NY  Fax No.   inted States, check this box  emption Number (GEN)	If this is for the whole group	12	
Form 990-T (trust other than above)  EDDIE TAUBE  The books are in the care of  594 BROADWAY  Telephone No.  347-782-6121  If the organization does not have an office or place of busin  If this is for a Group Return, enter the organization's four dig  box   If it is for part of the group, check this box	O6 SUITE  ess in the Urgit Group Exe	Form 8870  207 - NEW YORK, NY  Fax No.   inited States, check this box  emption Number (GEN)  ch a list with the names and EINs o	If this is for the whole group f all members the extension	12	
Form 990-T (trust other than above)  EDDIE TAUBE  The books are in the care of  594 BROADWAY  Telephone No.  347-782-6121  If the organization does not have an office or place of busin  If this is for a Group Return, enter the organization's four digneration of the group, check this box   I request an automatic 3-month (6 months for a corporate	GE SUITE  SUITE  Sess in the Urgit Group Execution and atta	Form 8870  207 - NEW YORK, NY  Fax No.  inted States, check this box emption Number (GEN) ch a list with the names and EINs of the file Form 990-T) extension of time	If this is for the whole group f all members the extension until	12	
Form 990-T (trust other than above)  EDDIE TAUBE  The books are in the care of ▶ 594 BROADWAY  Telephone No. ▶ 347-782-6121  If the organization does not have an office or place of busin  If this is for a Group Return, enter the organization's four dippose ▶ ☐. If it is for part of the group, check this box ▶ ☐  1 I request an automatic 3-month (6 months for a corporat AUGUST 15, 2016 , to file the exer	GE SUITE  SUITE  Sess in the Urgit Group Execution and atta	Form 8870  207 - NEW YORK, NY  Fax No.   inited States, check this box  emption Number (GEN)  ch a list with the names and EINs o	If this is for the whole group f all members the extension until	12	
Form 990-T (trust other than above)  EDDIE TAUBE  The books are in the care of ▶ 594 BROADWAY  Telephone No. ▶ 347-782-6121  If the organization does not have an office or place of busin  If this is for a Group Return, enter the organization's four dippose ▶ . If it is for part of the group, check this box ▶ .  I request an automatic 3-month (6 months for a corporat AUGUST 15, 2016 , to file the exert is for the organization's return for:	GE SUITE  SUITE  Sess in the Urgit Group Execution and atta	Form 8870  207 - NEW YORK, NY  Fax No.  inted States, check this box emption Number (GEN) ch a list with the names and EINs of the file Form 990-T) extension of time	If this is for the whole group f all members the extension until	12	
EDDIE TAUBE  The books are in the care of ▶ 594 BROADWAY  Telephone No. ▶ 347-782-6121  If the organization does not have an office or place of busin  If this is for a Group Return, enter the organization's four dightox ▶	GE SUITE  SUITE  Sess in the Urgit Group Execution and atta	Form 8870  207 - NEW YORK, NY  Fax No.  inted States, check this box emption Number (GEN) ch a list with the names and EINs of the file Form 990-T) extension of time	If this is for the whole group f all members the extension until	12	
Form 990-T (trust other than above)  EDDIE TAUBE  The books are in the care of ▶ 594 BROADWAY  Telephone No. ▶ 347-782-6121  If the organization does not have an office or place of busin  If this is for a Group Return, enter the organization's four dippose ▶ . If it is for part of the group, check this box ▶ .  I request an automatic 3-month (6 months for a corporat AUGUST 15, 2016 , to file the exert is for the organization's return for:	SUITE  ess in the Urgit Group Exe and atta ion required mpt organiza	Form 8870  207 - NEW YORK, NY  Fax No.   inited States, check this box  emption Number (GEN)  ich a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name	If this is for the whole group f all members the extension until	12	
EDDIE TAUBE  The books are in the care of ▶ 594 BROADWAY  Telephone No. ▶ 347-782-6121  If the organization does not have an office or place of busine  If this is for a Group Return, enter the organization's four digner of the group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐  I request an automatic 3-month (6 months for a corporate AUGUST 15, 2016 — to file the exert is for the organization's return for:  ▶ X calendar year 2015 or	SUITE  ess in the Urgit Group Exe and atta ion required mpt organiza	Form 8870  207 - NEW YORK, NY  Fax No.  inted States, check this box emption Number (GEN) ch a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization name d ending	If this is for the whole group f all members the extension until ed above. The extension	12	
EDDIE TAUBE  The books are in the care of ▶ 594 BROADWAY  Telephone No. ▶ 347-782-6121  If the organization does not have an office or place of busin  If this is for a Group Return, enter the organization's four dip  box ▶	SUITE  dess in the Urgit Group Exe and atta fon required mpt organiza , an	Form 8870  207 - NEW YORK, NY  Fax No.  inted States, check this box emption Number (GEN) ch a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization name d ending	If this is for the whole group f all members the extension until	12	
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