

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>GLOBAL COMMUNITIES</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>7700 WISCONSIN AVENUE #1100 1100</b> City or town, state or province, country, and ZIP or foreign postal code <b>BETHESDA, MD 20814</b> <b>F</b> Name and address of principal officer: <b>CARRIE HESSLER-RADELET</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-0846183</b> <b>E</b> Telephone number <b>301-587-4700</b> <b>G</b> Gross receipts \$ <b>233,677,310.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.GLOBALCOMMUNITIES.ORG/</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1952</b> <b>M</b> State of legal domicile: <b>NJ</b>

## Part I Summary

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>370</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 172,837,734.	<b>Current Year</b> 154,660,941.
	<b>9</b> Program service revenue (Part VIII, line 2g)	6,909,407.	16,193,892.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,121,618.	1,915,875.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	664,762.	395,956.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,533,521.	173,166,664.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,758,811.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		68,323,384.	68,537,040.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		1,329,261.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		65,634,308.	55,601,265.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	188,716,503.	175,990,561.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-7,182,982.	-2,823,897.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 312,952,435.	<b>End of Year</b> 277,460,769.
	<b>21</b> Total liabilities (Part X, line 26)	151,732,352.	118,896,016.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	161,220,083.	158,564,753.

## 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.

<b>Sign Here</b>	Signature of officer <b>CARRIE HESSLER-RADELET, PRESIDENT &amp; CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature <i>Richard J. Locastro</i>
	Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Date <b>08/11/2025</b>
	Firm's address <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00288314</b>
		Firm's EIN <b>52-1392008</b> Phone no. <b>301-951-9090</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: GLOBAL COMMUNITIES BRINGS TOGETHER LOCAL INGENUITY AND GLOBAL INSIGHTS TO SAVE LIVES AND SECURE STRONG FUTURES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 141,107,041. including grants of \$ 51,852,256. ) (Revenue \$ 10,734,627. ) TECHNICAL ASSISTANCE: GLOBAL COMMUNITIES PROVIDES ASSISTANCE TO INDIVIDUALS AND INTERNATIONAL GOVERNMENTAL AND PRIVATE ORGANIZATIONS THAT IN TURN ASSIST THEIR CITIZENS OR MEMBERS IN IMPROVING THEIR COMMUNITIES.

4b (Code: ) (Expenses \$ 1,987,289. including grants of \$ ) (Revenue \$ 5,459,265. ) CAPITAL ASSISTANCE: THROUGH ITS SUBSIDIARIES, GLOBAL COMMUNITIES MAKES MICRO CREDIT AND SMALL ENTERPRISE LOANS AT PREVAILING MARKET INTEREST RATES TO LOW-INCOME INDIVIDUALS IN DEVELOPING COUNTRIES.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 143,094,330.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax-related questions and answers.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
NIKOLOS OAKLEY - 301-587-4700
7700 WISCONSIN AVENUE, SUITE 1100, BETHESDA, MD 20814

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID WEISS (SEE SCHEDULE O) FORMER CEO AND SENIOR ADVISOR	40.00						X	595,506.	0.	40,720.
(2) CARRIE HESSLER-RADELET PRESIDENT & CEO	40.00 1.00			X				455,274.	0.	40,500.
(3) BRIAN KEMPLE CHIEF OF PARTY	40.00					X		363,663.	0.	37,407.
(4) TRAVIS GARTNER COUNTRY DIRECTOR (END 02/24)	40.00					X		341,959.	0.	38,872.
(5) SHEILA CROWLEY EXEC. VP & COO (END 03/24)	40.00					X		305,082.	0.	48,224.
(6) MARIO JABBOUR VICE PRESIDENT & CFO (END 05/24)	40.00 1.00			X				280,083.	0.	65,014.
(7) LANA ABU-HIJLEH COUNTRY DIRECTOR II	40.00					X		271,160.	0.	36,172.
(8) NICOLAS FORD CHIEF OF PARTY	40.00					X		271,681.	0.	34,991.
(9) DEBORAH HARRIS VP, DEI & CPO (END 02/24)	40.00					X		260,998.	0.	45,208.
(10) ERIC O'NEILL GC. & CHIEF ETHICS OFF. (END 02/24)	40.00					X		241,452.	0.	58,769.
(11) BILLY BLAKE CHIEF INFORMATION OFFICER	40.00					X		233,431.	0.	57,360.
(12) JUSTIN SECREASE ACTING COUNTRY DIRECTOR	40.00					X		222,026.	0.	31,793.
(13) JOHN POTTER CHAIR	1.00 2.00	X		X				0.	0.	0.
(14) JOHN DUONG VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(15) JOSEPH ABBATE TREASURER	1.00 2.00	X		X				0.	0.	0.
(16) HILLARY THOMAS-LAKE SECRETARY	1.00 2.00	X		X				0.	0.	0.
(17) RICHARD F. CELESTE TRUSTEE	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN HOLDSCLAW IV TRUSTEE (END 03/24)	1.00	X						0.	0.	0.
(19) LEOCADIA I. ZAK TRUSTEE	1.00 1.00	X						0.	0.	0.
(20) RUDY CLINE-THOMAS TRUSTEE	1.00	X						0.	0.	0.
(21) ERIN BARRINGER TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) CLAUDINE EMEOTT TRUSTEE (END 12/23)	1.00	X						0.	0.	0.
(23) KAREN PATERSON TRUSTEE	1.00	X						0.	0.	0.
(24) NANCY PLAXICO TRUSTEE	1.00	X						0.	0.	0.
(25) LAWRENCE A. WEITZEN TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) PAPE AMADOU GAYE TRUSTEE (BEG. 05/24)	1.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								3,842,315.	0.	535,030.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								3,842,315.	0.	535,030.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 97

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation 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	(C) Compensation
GRANT THORNTON ADVISORS LLC, 33562 TREASURY CENTER, CHICAGO, IL 60694-3500	ERP DESIGN & IMPLEMENTATION	1,032,795.
ARENT FOX PO BOX 7247, PHILADELPHIA, PA 19170	LEGAL FEES	984,546.
ORGANIZATION AT ITS BEST, INC., 10451 MILL RUN CIRCLE #520, OWINGS MILLS, MD 21117	CONSULTING SERVICES	627,965.
GRF CPAS & ADVISORS, 4550 MONTGOMERY AVE., STE 800 NORTH, BETHESDA, MD 20814	AUDIT & TAX FEES	578,790.
UKG INC. 2000 ULTIMATE WAY, WESTON, FL 33326	PAYROLL SYSTEM DESIGN	332,642.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	856,214.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	144,113,183.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,691,544.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 237,926.				
	<b>h Total.</b> Add lines 1a-1f .....		154660941.				
Program Service Revenue	<b>2 a</b> FEES/CONTRACTS	Business Code					
		900099	10,734,627.	10734627.			
	<b>b</b> MANAGEMENT FEES	900099	3,467,394.	3,467,394.			
	<b>c</b> PROG. RELATED LOAN INC.	900099	1,229,801.	1,229,801.			
	<b>d</b> VITAS NET INCOME	900099	762,070.	762,070.			
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		16,193,892.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,207,894.			2207894.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	54,845.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	54,845.				
	<b>d</b> Net rental income or (loss) .....		54,845.			54,845.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	60,218,627.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	60,510,646.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-292,019.				
<b>d</b> Net gain or (loss) .....		-292,019.			-292,019.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS	Business Code					
		900099	341,111.			341,111.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		341,111.					
<b>12 Total revenue.</b> See instructions .....		173166664.	16193892.	0.	2311831.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,768,486.	11,768,486.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	40,083,770.	40,083,770.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,053,789.		2,053,789.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	47,521,425.	32,721,593.	14,282,172.	517,660.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,994,823.	1,570,969.	404,062.	19,792.
<b>9</b> Other employee benefits	15,326,950.	10,879,362.	4,310,524.	137,064.
<b>10</b> Payroll taxes	1,640,053.	1,157,904.	467,561.	14,588.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,549,293.	1,373,569.	175,724.	
<b>c</b> Accounting	707,275.	352,955.	354,320.	
<b>d</b> Lobbying	17,425.		17,425.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	284,723.		284,723.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,924,734.	3,076,822.	653,543.	194,369.
<b>12</b> Advertising and promotion	155,560.	124,254.	31,306.	
<b>13</b> Office expenses	2,514,388.	2,300,934.	185,938.	27,516.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	2,900,518.	2,145,012.	738,743.	16,763.
<b>17</b> Travel	3,036,183.	2,379,047.	494,657.	162,479.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	351,949.	323,342.	28,607.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	204,079.		204,079.	
<b>23</b> Insurance	924,124.	471,287.	452,605.	232.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONSTRUCTION EXP./MAT'L	21,026,775.	21,020,210.	6,565.	
<b>b</b> PARTICIPANT TRAINING	5,347,350.	5,347,350.	-6,809.	6,809.
<b>c</b> EQUIP. PURCH. & RENTAL	2,866,882.	1,797,166.	1,069,716.	
<b>d</b> CONTRACT ADMIN SUPPORT	2,611,868.	859,910.	1,579,209.	172,749.
<b>e</b> All other expenses	7,178,139.	3,340,388.	3,778,511.	59,240.
<b>25</b> Total functional expenses. Add lines 1 through 24e	175,990,561.	143,094,330.	31,566,970.	1,329,261.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	17,544.	<b>1</b>	1,299.
	<b>2</b> Savings and temporary cash investments .....	70,701,053.	<b>2</b>	39,227,675.
	<b>3</b> Pledges and grants receivable, net .....	27,941,699.	<b>3</b>	28,472,028.
	<b>4</b> Accounts receivable, net .....	6,740,440.	<b>4</b>	7,426,213.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	111,603,159.	<b>7</b>	108,320,843.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,734,546.	<b>9</b>	2,731,705.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,588,114.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,831,643.		
	<b>11</b> Investments - publicly traded securities .....	8,961,595.	<b>10c</b>	6,756,471.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	44,801,294.	<b>11</b>	51,879,308.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	150,766.	<b>12</b>	165,679.
	<b>14</b> Intangible assets .....	25,177,695.	<b>13</b>	16,186,414.
	<b>15</b> Other assets. See Part IV, line 11 .....	2,047,051.	<b>14</b>	1,843,916.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	12,075,593.	<b>15</b>	14,449,218.	
	312,952,435.	<b>16</b>	277,460,769.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	23,393,466.	<b>17</b>	22,216,733.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	214,172.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	2,406,356.	<b>21</b>	958,834.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	113,215,011.	<b>23</b>	89,448,441.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	12,717,519.	<b>25</b>	6,057,836.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	151,732,352.	<b>26</b>	118,896,016.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	126,543,315.	<b>27</b>	123,662,054.
	<b>28</b> Net assets with donor restrictions .....	34,676,768.	<b>28</b>	34,902,699.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	161,220,083.	<b>32</b>	158,564,753.
	<b>33</b> Total liabilities and net assets/fund balances .....	312,952,435.	<b>33</b>	277,460,769.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	173,166,664.
2	Total expenses (must equal Part IX, column (A), line 25)	2	175,990,561.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,823,897.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	161,220,083.
5	Net unrealized gains (losses) on investments	5	-1,174,904.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,343,471.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	158,564,753.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2023)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	87653058.	117401639	171894601	172837734	154660941	704447973
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	87653058.	117401639	171894601	172837734	154660941	704447973
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						704447973

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	87653058.	117401639	171894601	172837734	154660941	704447973
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2787547.	2167979.	1543186.	2182054.	2262739.	10943505.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	11,492.	53,091.	701,980.	312,296.	341,111.	1419970.
<b>11 Total support.</b> Add lines 7 through 10						716811448
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	72,237,211.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.28	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	97.93	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

GLOBAL COMMUNITIES

Employer identification number

52-0846183

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>GLOBAL COMMUNITIES</b>	Employer identification number  <b>52-0846183</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>114,071,410.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>18,908,092.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,255,419.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GLOBAL COMMUNITIES</b>	Employer identification number  <b>52-0846183</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>GLOBAL COMMUNITIES</b>	Employer identification number  <b>52-0846183</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>GLOBAL COMMUNITIES</b>	Employer identification number <b>52-0846183</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		17,425.
<b>j</b> Total. Add lines 1c through 1i .....			17,425.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

OUR CONGRESSIONAL OUTREACH IS FOR PURPOSES OF PROVIDING INFORMATION AND EDUCATING LEGISLATORS, NOT FOR THE PURPOSES OF INFLUENCING LEGISLATION.

GLOBAL COMMUNITIES IS A MEMBER OF THE U.S. OVERSEAS COOPERATIVE

DEVELOPMENT COUNCIL. 20% OF THE MEMBERSHIP DUES WERE BILLED AS LOBBYING

EXPENSES AND ARE INCLUDED IN THE NUMBER LISTED ABOVE. GLOBAL

**Part IV** Supplemental Information *(continued)*

COMMUNITIES IS ALSO A MEMBER OF THE U.S. GLOBAL LEADERSHIP CAMPAIGN.

50% OF THE MEMBERSHIP DUES WERE BILLED AS LOBBYING EXPENSES AND ARE

INCLUDED IN THE NUMBER LISTED ABOVE.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: GLOBAL COMMUNITIES; Employer identification number: 52-0846183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	726,748.	721,311.	740,772.		
b Contributions				714,736.	
c Net investment earnings, gains, and losses	14,913.	5,437.	-19,461.	26,036.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	741,661.	726,748.	721,311.	740,772.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 100 %
  - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations?   | <input checked="" type="checkbox"/> |                                     |
| (ii) Related organizations?  |                                     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |                                     | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		10,588,114.	3,831,643.	6,756,471.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,756,471.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN AL TAMWEEL		
(2) ALSAREE	137,700.	END-OF-YEAR MARKET VALUE
(3) INVESTMENT IN BOAFO		
(4) (LOCAL MICROFINANCE		
(5) INSTITUTION IN GHANA)	1,108,527.	END-OF-YEAR MARKET VALUE
(6) INVESTMENT IN ATAS DE	-2,228,765.	END-OF-YEAR MARKET VALUE
(7) INVESTMENT IN EGYPT LOAN		
(8) GUARANTEE FUND	20,899.	END-OF-YEAR MARKET VALUE
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))	16,186,414.	

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	1,757,403.
(2) INTERCOMPANY RECEIVABLES	11,274,194.
(3) RIGHT-OF-USE ASSET	1,417,621.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	14,449,218.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	2,311,797.
(3) INTERCOMPANY PAYABLES	3,746,039.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,057,836.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	173,104,699.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,174,904.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	59,955.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,099,777.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		984,828.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	172,119,871.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	284,723.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	762,070.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		1,046,793.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	173,166,664.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	175,765,793.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	59,955.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		59,955.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	175,705,838.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	284,723.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		284,723.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	175,990,561.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B:**

ON AUGUST 4, 2016, PURSUANT TO THE SERVICE AGREEMENT WITH THE U.S. INTERNATIONAL DEVELOPMENT FINANCE CORPORATION (DFC) DATED AS OF SEPTEMBER 22, 2011, THE REMAINING AGGREGATE AMOUNT OF EXPENSES PAYABLE BY DFC OF \$6,671,387 WAS DEPOSITED IN AN ESCROW ACCOUNT. U.S. BANK NATIONAL ASSOCIATION (ESCROW AGENT) HAS AGREED TO ACCEPT, HOLD AND DISBURSE THE FUNDS DEPOSITED IN ACCORDANCE WITH THE TERMS OF THE ESCROW AGREEMENT. THE ESCROW ACCOUNT HAS A BALANCE OF \$958,834 AS OF SEPTEMBER 30, 2024.

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT FUNDS PROVIDE UNRESTRICTED FUNDING TO THE ORGANIZATION.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

FOR THE YEAR ENDED SEPTEMBER 30, 2024, GLOBAL COMMUNITIES AND RELATED ENTITIES HAVE CONSIDERED FASS ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

WRITE UP OF LLC ELIMINATED DURING CONSOLIDATION	1,994,032.
FOREIGN CURRENCY GAIN INCLUDED IN OTHER INCOME ON THE FINANCIAL STATEMENTS AND REPORTED AS CHANGE IN NET ASSETS ON FORM 990.	105,745.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,099,777.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET INCOME FROM THE DISREGARDED ENTITY ELIMINATED ON THE FINANCIAL STATEMENTS AND INCLUDED AS REVENUE ON FORM 990, PART VIII.	762,070.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization <b>GLOBAL COMMUNITIES</b>	Employer identification number <b>52-0846183</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**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 offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	19	719	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	13,185,667.
SUB-SAHARAN AFRICA	16	332	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	16,888,426.
CENTRAL AMERICA AND THE CARIBBEAN	17	300	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	12,046,060.
EUROPE (INCLUDING ICELAND & GREENLAND)	2	81	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	8,315,861.
RUSSIA AND NEIGHBORING STATES	11	106	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	21,834,364.
SOUTH AMERICA	1	22	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	2,005,820.
SOUTH ASIA	4	36	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	1,957,507.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS IN REGION		1,108,527.
<b>3 a Subtotal</b> .....	70	1596			77,342,232.
<b>b Total from continuation sheets to Part I</b> .....	0	0			57,390,422.
<b>c Totals</b> (add lines 3a and 3b) .....	70	1596			134,732,654.

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

Schedule F (Form 990) 2023

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	INVESTMENTS IN REGION		17,306,652.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		19,111,154.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		3,753,862.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		9,065,137.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		4,066,447.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,142,901.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,809,437.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		24,999.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		109,833.
<b>Totals</b> .....					57,390,422.

**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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	325,199.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	856,987.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	620,171.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	527,287.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	453,986.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	389,892.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	382,875.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	330,770.	BANK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 110

3 Enter total number of other organizations or entities ..... 139

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	320,319.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	303,269.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	255,221.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	232,447.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	158,378.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	123,270.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	99,540.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	178,303.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	93,578.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	81,900.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	43,791.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	64,390.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	100,060.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	78,234.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	71,362.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	47,506.	BANK	0.		
		EAST ASIA AND THE PACIFIC	TECHNICAL ASSISTANCE	24,999.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	539,041.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	348,732.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	247,474.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	186,048.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	183,786.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	178,604.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	163,968.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	156,873.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	153,452.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	141,603.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	135,638.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	131,128.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	120,421.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	120,213.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	118,698.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	88,488.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	81,447.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	79,220.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	70,002.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	68,637.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	64,980.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	59,763.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	58,248.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	57,737.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	56,831.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	54,175.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	51,066.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	50,823.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	45,534.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	38,538.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	36,164.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	29,767.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	29,653.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	22,092.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	18,255.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	15,570.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	11,934.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	9,501.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	9,212.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	9,000.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	9,000.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	8,994.	BANK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TECHNICAL ASSISTANCE	6,136.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6046340.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	3218716.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	2483214.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	645,996.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	620,654.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	409,167.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	380,810.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	278,161.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	216,599.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	166,655.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	153,243.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	132,636.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	122,899.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	122,009.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	119,440.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	118,182.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	117,577.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	116,799.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	113,701.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	112,774.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	111,073.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	104,860.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	103,940.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	103,104.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	99,992.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	86,231.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	83,955.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	81,635.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	81,313.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	73,274.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	67,214.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	65,207.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	64,686.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	64,616.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	63,305.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	61,266.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	54,576.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	52,206.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	49,845.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	47,058.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	46,189.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	46,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	46,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	43,613.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	38,745.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	38,100.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	37,500.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	33,857.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	32,805.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	32,628.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	32,299.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	32,216.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	30,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	27,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	25,835.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	25,664.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	25,161.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	24,993.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	24,897.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	24,415.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	24,235.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	23,920.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	23,165.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	23,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	22,911.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	22,187.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	21,756.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	21,650.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	21,030.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	20,463.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	17,901.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	15,600.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	15,033.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	15,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	14,047.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	13,310.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	13,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	12,500.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	11,448.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	10,535.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	10,488.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	9,922.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	9,859.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	8,834.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	8,406.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	8,327.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	8,188.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	8,138.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	8,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,937.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,915.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,850.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,520.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,414.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,341.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,157.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,107.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,035.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,924.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,623.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,417.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,411.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,344.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,339.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,300.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,294.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,244.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,194.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,144.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,116.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,110.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,099.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,082.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,071.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,010.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,915.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,860.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,775.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,648.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,637.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,553.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,537.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,508.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,475.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,369.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,352.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,119.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,097.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,013.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	25,600.	BANK	0.		
		NORTH AMERICA	TECHNICAL ASSISTANCE	57,363.	BANK	0.		
		NORTH AMERICA	TECHNICAL ASSISTANCE	52,471.	BANK	0.		
		RUSSIA AND NEIGHBORING STATES	TECHNICAL ASSISTANCE	72,255.	BANK	0.		
		RUSSIA AND NEIGHBORING STATES	TECHNICAL ASSISTANCE	617,796.	BANK	0.		
		RUSSIA AND NEIGHBORING STATES	TECHNICAL ASSISTANCE	398,105.	BANK	0.		
		RUSSIA AND NEIGHBORING STATES	TECHNICAL ASSISTANCE	54,745.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	65,132.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TECHNICAL ASSISTANCE	28,823.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	28,468.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	22,497.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	17,431.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	11,996.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	11,994.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	11,990.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	11,967.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	10,430.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TECHNICAL ASSISTANCE	8,727.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	169,133.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	2284151.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	53,714.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	72,982.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	315,084.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	273,971.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	192,713.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	152,201.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	144,302.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	125,577.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	109,617.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	71,968.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	67,729.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	50,000.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	50,000.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	50,000.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	45,268.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	31,144.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	27,754.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	25,000.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	24,313.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	19,626.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	9,463.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	8,207.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	6,775.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	32,130.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	28,056.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	47,798.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	60,000.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	20,000.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	1725215.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	7,587.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,096.	BANK	0.		



**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 the Instructions for Form 926)* .....  Yes  No
  
- 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  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 the Instructions for Form 5471)* .....  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 the Instructions for Form 8621)* .....  Yes  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 the Instructions for Form 8865)* .....  Yes  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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

FUNDS DISBURSED TO ORGANIZATIONS, REGARDLESS OF LOCATION, ARE MONITORED AND EVALUATED IN ACCORDANCE WITH OUR WRITTEN MONITORING AND EVALUATION POLICIES WHICH INCLUDE, REVIEW OF INVOICES, FINANCIAL REPORTS, RECORDS OF COMMUNICATIONS, SITE VISITS, PROGRAM REPORTS, COPIES OF FEDERALLY MANDATED A-133 AUDIT REPORTS, AND SPECIFIC AUDITS BY GLOBAL COMMUNITIES PERSONNEL AS APPROPRIATE.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **GLOBAL COMMUNITIES** Employer identification number **52-0846183**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACUTE INCITE, LLC. 8600 SUNDALE DRIVE SILVER SPRING, MD 20910	83-1674989		456,566.	0.			TECHNICAL ASSISTANCE
ASK GLOBAL HEALTH 12784 VIA CORTINA, DEL MAR, CA 92014	88-0591727		5,445.	0.			TECHNICAL ASSISTANCE
BEGIRL 1355 SHEPHERD ST. NW, #3 WASHINGTON, DC 20011	47-1402428		74,925.	0.			TECHNICAL ASSISTANCE
BLACKBIRD BIRTHING 3337 W. FLORIDA AVE. #21 HEMET, CA 92545	93-3890873		19,270.	0.			TECHNICAL ASSISTANCE
CATHOLIC RELIEF SERVICES 288 W LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	739,117.	0.			TECHNICAL ASSISTANCE
DELOITTE CONSULTING LLP 1919 N. LYNN ST. ARLINGTON, VA 22209	06-1454513		277,373.	0.			TECHNICAL ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19.
- 3 Enter total number of other organizations listed in the line 1 table 19.

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEMOCRACY AT WORK INSTITUTE 1904 FRANKLIN ST., STE. 400 OAKLAND, CA 94612	27-5265123	501(C)(3)	134,964.	0.			TECHNICAL ASSISTANCE
EXPONENT PARTNERS DEPT LA 24960 PASADENA, CA 91185	20-2545856		27,495.	0.			TECHNICAL ASSISTANCE
FAMILY HEALTH INTERNATIONAL 360 359 BLACKWELL STREET DURHAM, NC 27701	56-1719871	501(C)(3)	109,591.	0.			TECHNICAL ASSISTANCE
FOR THE VILLAGE, INC. 2400 PARKLNAD DR. UNIT 316, ATLANTA, GA 30324	83-1693904	501(C)(3)	14,055.	0.			TECHNICAL ASSISTANCE
IDE 1031 33RD STREET, SUITE 270 DENVER, CO 80205	23-2220051	501(C)(3)	1,273,264.	0.			TECHNICAL ASSISTANCE
INTERNATIONAL CITY AND COUNTY MANAGEMENT ASSOCIATION - 777 NORTH CAPITOL STREET, NE SUITE 500 - WASHINGTON, DC 20002	36-2167755	501(C)(3)	37,793.	0.			TECHNICAL ASSISTANCE
JSI RESEARCH & TRAINING INSTITUTE 44 FARNSWORTH ST BOSTON, MA 02210	04-2679824	501(C)(3)	485,821.	0.			TECHNICAL ASSISTANCE
JUAREZ AND ASSOCIATES, INC. 12139 NATIONAL BLVD. LOS ANGELES, CA 90064	95-2750512		583,064.	0.			TECHNICAL ASSISTANCE
KINETIX INTERNATIONAL LOGISTICS 1350 GRAND AVENUE SAN MARCOS, CA 92078	27-3143678		5,647.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINC, LLC 667 F ST NE, WASHINGTON, DC 20002	46-2573007		186,523.	0.			TECHNICAL ASSISTANCE
MEBS GLOBAL REACH, LC 14900 BOGLE DRIVE, SUITE 105 CHANTILLY, VA 20151	20-4529940		5,125.	0.			TECHNICAL ASSISTANCE
NICKOL GLOBAL SOLUTIONS LLC 950 N. WASHINGTON ST, SUITE 313 ALEXANDRIA, VA 22314	82-0941041		149,048.	0.			TECHNICAL ASSISTANCE
NURTURELY 56 EAST 15TH AVE EUGENE, OR 97401	82-0725823	501(C)(3)	11,020.	0.			TECHNICAL ASSISTANCE
OVERSEAS STRATEGIC CONSULTING 1500 WALNUT ST, #1300 PHILADELPHIA, PA 19102	23-2720769		214,969.	0.			TECHNICAL ASSISTANCE
RE: WILD PO BOX 129 AUSTIN, TX 78767	26-2887967	501(C)(3)	299,180.	0.			TECHNICAL ASSISTANCE
SAFE WATER NETWORK (SWN) 122 EAST 42ND STREET NEW YORK, NY 10168	51-0570455	501(C)(3)	682,673.	0.			TECHNICAL ASSISTANCE
SAN DIEGO BREASTFEEDING CENTER FOUNDATION - 8325 UNIVERSITY AVE. - LA MESA, CA 91942	81-1935497	501(C)(3)	17,650.	0.			TECHNICAL ASSISTANCE
SAN DIEGO BREASTFEEDING COALITION 3665 KEARNY VILLA RD. SAN DIEGO, CA 92123	33-0710251	501(C)(3)	12,000.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO COMMUNITY BIRTH CENTER 2801 FOURTH AVE SAN DIEGO, CA 92103	83-3160175	501(C)(3)	20,000.	0.			TECHNICAL ASSISTANCE
SAVE THE CHILDREN FEDERATION INC. 501 KINGS HIGHWAY EAST, STE. 400 FAIRFIELD, CT 68250	06-0726487	501(C)(3)	2,529,440.	0.			TECHNICAL ASSISTANCE
SEGURA CONSULTING LLC 11602 TOULONE DRIVE POTOMAC, MD 20854	30-1606790		126,482.	0.			TECHNICAL ASSISTANCE
SESAME WORKSHOP 1900 BROADWAY NEW YORK, NY 10023	13-2655731	501(C)(3)	90,308.	0.			TECHNICAL ASSISTANCE
SUN MOUNTAIN 2121 PONCE DE LEON, BLVD, STE. 1050 CORAL GABLES, FL 33134	46-1115209		18,000.	0.			TECHNICAL ASSISTANCE
THE AQUAYA INSTITUTE PO BOX 1603 SAN ANSELMO, CA 94979	20-2977578	501(C)(3)	648,024.	0.			TECHNICAL ASSISTANCE
THE CANOPY LAB 1724 20TH ST NW WASHINGTON, DC 20009	82-0730481		164,971.	0.			TECHNICAL ASSISTANCE
THE KHANA GROUP LLC 1441 BROADWAY, 3RD FL. NEW YORK, NY 10018	26-4017810		27,696.	0.			TECHNICAL ASSISTANCE
URBAN RESTORATIVE COUNSELING CENTER - 1925 EUCLID AVE. SUITE 108 - SAN DIEGO, CA 92105	38-4104888		9,620.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIAMO PBC 1701 RHODE ISLAND AVE NW WASHINGTON, DC 20036	82-0825124		19,682.	0.			TECHNICAL ASSISTANCE
WATER4 2405 NW 10TH STREET OKLAHOMA CITY, OK 73107	26-3260581	501(C)(3)	638,496.	0.			TECHNICAL ASSISTANCE
WATERAID AMERICA, INC. 233 BROADWAY #2705 NEW YORK, NY 10279	30-0181674	501(C)(3)	851,238.	0.			TECHNICAL ASSISTANCE
WISE ROOTS MIDWIFERY PO BOX 2357 DOWNEY, CA 90242	82-4596927		20,645.	0.			TECHNICAL ASSISTANCE
WORLD VISION, INC. P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	777,758.	0.			TECHNICAL ASSISTANCE

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FUNDS DISBURSED TO ORGANIZATIONS, REGARDLESS OF LOCATION, ARE MONITORED AND EVALUATED IN ACCORDANCE WITH OUR WRITTEN MONITORING AND EVALUATION POLICIES WHICH INCLUDE, REVIEW OF INVOICES, FINANCIAL REPORTS, RECORDS OF COMMUNICATIONS, SITE VISITS, PROGRAM REPORTS, COPIES OF FEDERALLY MANDATED COMPLIANCE REPORTS, AND SPECIFIC AUDITS BY GLOBAL COMMUNITIES PERSONNEL AS APPROPRIATE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**GLOBAL COMMUNITIES**

Employer identification number

**52-0846183**

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID WEISS (SEE SCHEDULE O) FORMER CEO AND SENIOR ADVISOR	(i)	236,429.	111,395.	247,682.	40,720.	0.	636,226.	198,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARRIE HESSLER-RADELET PRESIDENT & CEO	(i)	455,274.	0.	0.	40,500.	0.	495,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIAN KEMPLE CHIEF OF PARTY	(i)	202,498.	7,550.	153,615.	20,770.	16,637.	401,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRAVIS GARTNER COUNTRY DIRECTOR (END 02/24)	(i)	199,214.	7,904.	134,841.	22,235.	16,637.	380,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHEILA CROWLEY EXEC. VP & COO (END 03/24)	(i)	285,342.	11,280.	8,460.	39,383.	8,841.	353,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIO JABBOUR VICE PRESIDENT & CFO (END 05/24)	(i)	261,049.	11,121.	7,913.	40,674.	24,340.	345,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LANA ABU-HIJLEH COUNTRY DIRECTOR II	(i)	188,538.	0.	82,622.	24,464.	11,708.	307,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NICOLAS FORD CHIEF OF PARTY	(i)	157,306.	6,200.	108,175.	18,354.	16,637.	306,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DEBORAH HARRIS VP, DEI & CPO (END 02/24)	(i)	244,137.	9,635.	7,226.	36,367.	8,841.	306,206.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ERIC O'NEILL GC. & CHIEF ETHICS OFF. (END 02/24)	(i)	225,011.	9,744.	6,697.	34,429.	24,340.	300,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BILLY BLAKE CHIEF INFORMATION OFFICER	(i)	217,053.	9,955.	6,423.	33,020.	24,340.	290,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JUSTIN SECREASE ACTING COUNTRY DIRECTOR	(i)	137,846.	5,624.	78,556.	15,156.	16,637.	253,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION PAID HOUSING ALLOWANCES TO EXPATS & TCNS PER OUR POLICY WHICH WAS GUIDED BY THE U.S. STATE DEPARTMENT'S POLICY. HOUSING ALLOWANCE AMOUNTS WERE INCLUDED IN THE EMPLOYEES W-2 AS TAXABLE WAGES INCLUDED ON FORM 990, PART VII, SECTION A. THE AMOUNTS HAVE BEEN BROKEN OUT IN SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 4B:

DAVID WEISS RECEIVED A \$198,000 457F PAYMENT IN CALENDAR YEAR 2023.

PART I, LINE 7:

SEE SCHEDULE J, PART II FOR MERIT-BASED BONUSES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **GLOBAL COMMUNITIES** Employer identification number: **52-0846183**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		8,370.	FAIR MARKET VALUE
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 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	X	30,946	196,161.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>CONST. MAT'L</u> )	X	6,747	33,395.	FAIR MARKET VALUE
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN INCLUDES THE NUMBER CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

GLOBAL COMMUNITIES

Employer identification number

52-0846183

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

IN JUNE 2024, GLOBAL COMMUNITIES AND LNTRAHEALTH INTERNATIONAL, INC.

(LNTRAHEALTH) ENTERED INTO A COMBINATION AND INTEGRATION AGREEMENT

WHICH BRINGS THE TWO ORGANIZATIONS TOGETHER TO MEET THE FAST-CHANGING

HUMANITARIAN AND DEVELOPMENT NEEDS OF COUNTRIES AROUND THE WORLD.

THROUGH THIS AGREEMENT, LNTRAHEALTH BECAME A SUBSIDIARY OF GLOBAL

COMMUNITIES. THE COMBINATION AGREEMENT WILL INCREASE COLLECTIVE SCALE

AND IMPACT, EXPANDING AND DEEPENING TECHNICAL PORTFOLIOS, GEOGRAPHIC

REACH AND DIGITAL CAPABILITIES.

**FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:**

ARGENTINA, BRAZIL, COLOMBIA, LEBANON,

EGYPT, GHANA, ROMANIA, HONDURAS,

IRAQ, JORDAN, KENYA, KOSOVO,

MALAWI, SERBIA, SRI LANKA, MADAGASCAR,

TANZANIA, TURKEY, UKRAINE, YEMEN (ADEN),

NICARAGUA, OTHER COUNTRY, BOTSWANA, ETHIOPIA,

GUATEMALA, ZAMBIA

**FORM 990, PART V, LINE 4B, OTHER COUNTRY:**

THE OTHER COUNTRY INDICATED ABOVE IS WEST BANK/GAZA.

**FORM 990, PART VI, SECTION B, LINE 11B:**

THE FINALIZED FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS AT

ITS JUNE 13, 2025 BOARD MEETING PRIOR TO ITS SUBMISSION TO THE IRS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization GLOBAL COMMUNITIES	Employer identification number 52-0846183
--	--

FORM 990, PART VI, SECTION B, LINE 12C:

GLOBAL COMMUNITIES HAS CONFLICT OF INTEREST POLICIES FOR BOTH THE BOARD AND EMPLOYEES, BOTH OF WHICH REQUIRE COMPLETION OF AN ANNUAL DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES THAT COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. DEPENDING ON THE NATURE OF THE VIOLATION, THE OFFENDING INDIVIDUAL CAN BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD ENGAGES THE SERVICES OF AN INDEPENDENT CONSULTING COMPANY TO COMPUTE THE CEO'S SALARY AND BENEFITS COMPARED TO THE COMPENSATION PAID TO CEOS OF SIMILAR AGENCIES OF SIMILAR SIZE WORKING IN THIS GEOGRAPHIC REGION. THE CONSULTANT ISSUES A SANCTION LETTER ADVISING THE BOARD OF A CEILING TO THE TOTAL COMPENSATION PACKAGE WHICH RECOMMENDATION THE BOARD ALWAYS FOLLOWS.

GLOBAL COMMUNITIES USES AN INDEPENDENT SALARY SURVEY TO ESTABLISH THE SALARY RANGE FOR ALL EMPLOYEES INCLUDING SENIOR STAFF OTHER THAN THE CEO. ON THE BASIS OF THE CONSULTANT'S REPORT, GLOBAL COMMUNITIES REVIEWS ITS CURRENT COMPENSATION AND ROLE LEVELS ADJUSTING AS APPROPRIATE AND PUBLISHES THE GLOBAL COMMUNITIES COMPENSATION GUIDE. THE LAST REVIEW TOOK PLACE ON DECEMBER 2023.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, VA  
WV, WI

Name of the organization GLOBAL COMMUNITIES	Employer identification number 52-0846183
--	--

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A, FORMER:

DAVID WEISS STEPPED DOWN FROM HIS ROLE AS CEO EFFECTIVE 09/30/2022. HOWEVER, HE CONTINUED AS AN EMPLOYEE (SENIOR ADVISOR) THROUGH 06/30/2023 WHEN HE RETIRED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY VALUATION GAIN	105,745.
ADDITIONAL PAID IN CAPITAL	1,207,219.
DEBT CONVERSION	30,507.
TOTAL TO FORM 990, PART XI, LINE 9	1,343,471.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **GLOBAL COMMUNITIES** Employer identification number **52-0846183**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHF DEVELOPMENT FINANCE INTERNATIONAL, LLC - 20-5526009, 7700 WISCONSIN AVENUE, SUITE 1100, BETHESDA, MD 20814	HOLDING COMPANY	MARYLAND	31,637,564.	138,934,673.	GLOBAL COMMUNITIES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ENTIQUAL FOR TRAINING - 66-6666666 7TH CIR., HASHIM COMP. BEHIND ROYAL JORD. TE AMMAN, JORDAN	TECHNICAL ASSISTANCE	JORDAN	N/A	N/A	GLOBAL COMMUNITIES	X	
GLOBAL COMMUNITIES BRAZIL - 66-6666666 RUA URUGUAI NO 1120 SEGUNDO ANDAR CENTRO HORIZONTINA, RIO GRANDE DO SUL, BRAZIL	TECHNICAL ASSISTANCE	BRAZIL	N/A	N/A	GLOBAL COMMUNITIES	X	
PROJECT CONCERN INTERNATIONAL - 95-2248462 5151 MURPHY CANYON RD, STE 320 SAN DIEGO, CA 92123	TECHNICAL ASSISTANCE	CALIFORNIA	501(C)(3)	LINE 7	GLOBAL COMMUNITIES	X	
INTRA HEALTH - 55-0825466 6340 QUADRANGLE DRIVE CHAPEL HILL, NC 27517	TECHNICAL ASSISTANCE	NORTH CAROLINA	501(C)(3)	LINE 7	GLOBAL COMMUNITIES	X	

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AL TAMWEEL AL SAREE, LLC (ATAS-DE) - 45-4597580, 7700 WISCONSIN AVENUE, SUITE 1100, BETHESDA, MD 20814	CAPITAL ASSISTANCE	DE	GLOBAL COMMUNITIES	INVESTMENT RELATED	-4,471,848.	76,802,875.		X	N/A		X	98.00%
BELL FINANCE LLC - 20-3149349 1209 ORANGE STREET WILMINGTON, DE 19801	CAPITAL ASSISTANCE	DE	GLOBAL COMMUNITIES	INVESTMENT RELATED				X	N/A		X	100%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
VITAS S.A.L. - 66-6666666 ABU-EZZIDEEN BLDG. 5TH FLOOR, EL HUSSEIN ST. BEIRUT, LEBANON	CAPITAL ASSISTANCE	LEBANON	CHF DEVELOPMNENT FINANCE	C CORP	12,392,603.	6,950,018.	51.00%	X	
VITAS INSTITUTIE FINANCIARA NEBANCARA S.A. - 66-6666666, STR. LIVIU REBREANU NR. 13, TIMISOARA, ROMANIA 300479	CAPITAL ASSISTANCE	ROMANIA	CHF DEVELOPMNENT FINANCE	C CORP	6,026,449.	30,379,487.	100%	X	
ATAS M - 66-6666666 AL SALAM BUILDING, 3RD FLOOR BEIRUT, LEBANON	CAPITAL ASSISTANCE	LEBANON	GLOBAL COMMUNITIES	C CORP	1,235,823.	657,319.	99.23%	X	
PARTNERS FOR FINANCE DBA VITAS JORDAN - 66-6666666, WAKALAT STR, FARAH COMPLEX, AMMAN, JORDAN	CAPITAL ASSISTANCE	JORDAN	CHF DEVELOPMNENT FINANCE	C CORP	18,270,021.	93,195,388.	100%	X	
MCSE - 66-6666666 NILE CITY TOWERS, 22ND FL NORTH TOWER, CORNIC CAIRO, EGYPT	CAPITAL ASSISTANCE	EGYPT	GLOBAL COMMUNITIES	C CORP	64,260.	45,960.	99.92%	X	



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC	B	6,201,632.	FMV
(2) VITAS S.A.L.	D	1,550,000.	FMV
(3) VITAS - INSTITUTIE FINANCIARA NEBANCARA S.A.	D	250,000.	FMV
(4) MSCE	P	64,311.	FMV
(5) GLOBAL COMMUNITIES BRASIL	P	1,669,612.	FMV
(6) PROJECT CONCERN INTERNATIONAL	P	3,033,554.	FMV

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ATAS DE	Q	2,757,803.	FMV
(8) GLOBAL COMMUNITIES BRASIL	Q	167,982.	FMV
(9) CHF DEVELOPMENT FINANCE INTERNATIONAL, LLC	Q	270,671.	FMV
(10) VITAS S.A.L.	Q	213,683.	FMV
(11) VITAS - INSTITUTIE FINANCIARA NEBANCARA S.A.	Q	234,820.	FMV
(12) VITAS JORDAN	Q	435,860.	FMV
(13) PROJECT CONCERN INTERNATIONAL	Q	196,498.	FMV
(14) VITAS PALESTINE	Q	370,898.	FMV
(15) PROJECT CONCERN INTERNATIONAL	C	856,214.	FMV
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

VITAS S.A.L.

DIRECT CONTROLLING ENTITY: CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC

NAME OF RELATED ORGANIZATION:

VITAS INSTITUTIE FINANCIARA NEBANCARA S.A.

DIRECT CONTROLLING ENTITY: CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC

NAME OF RELATED ORGANIZATION:

PARTNERS FOR FINANCE DBA VITAS JORDAN

DIRECT CONTROLLING ENTITY: CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC