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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Department of the Treasury

Open to Public Inspection

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	For th	ne 2008 calen	dar year,	or tax year begi	nning 10/0	1	, 200	8, and endir	ng 9	/30		, 2009	
В	Check	if applicable	l <u>.</u> .							D Employ	yer Identı	fication Number	
	□ Ac	dress change	Please use IRS label	[GLOBAL PH]			RSHIP			56-	2342	600	
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	\vdash	itial return	See specific	CHICAGO, 1	[L 60614					773	-404	-5566	
	\vdash	ermination	Instruc- tions.										
	\vdash	mended return	1							G Gross	racciate 4	1,160,807.	
	\vdash	pplication pending	F Name	and address of princip	al officer				TH(a) is th	ns a group retu			
	^	optication pending	ı	AS C ABOVE	ai oilicer.				1 .	all affiliates inc		Yes No	
_	T	-exempt statu			(inner# = 2 \	4047	(a)(1) or	527	- If 'N	lo,' attach a list	(see inst	tructions)	
÷				PHILANTHROP	(insert no.)	4947	(a)(1) or	1 52/	┧ 🦼				
- -						1				up exemption n			
<u>~</u>		of organization	X Corpor	ation Trust	Association	Other -		Year of Forma	ation 20	U3 [M	State of le	egal domicile IL	
Pa	πı	Summ								Imiin onii		VED OUT D	
	1			ganization's miss									
e e				L PHILANTH			OAFO V	WAKE DES	S_OF_	ا ۱ <u>۳۱۹۸۸</u> ۲۲	DEART	Obwert	
Activities & Governance		T220E2_1	MCFODT	ING CLIMATE	LCHANGEL						- -		
Ver	_					T							
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જ				nt voting member					•	•	4	6	
ties			•	yees (Part V, lin	_	imig body (i	art vi, iii	110 15)	. •	•	5	4	
₽				teers (estimate if							6	$\frac{1}{7}$	
¥				business revenue		II. line 12. co	olumn (C)				7a	0.	
		_		s taxable income							7b	0.	
										Prior Year		Current Year	
	8	Contributions	and gran	nts (Part VIII, line	e 1h)		_		-	1,097,8		1,160,807.	
J.	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)												
Revenue	10												
æ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)												
1	12			ines 8 through				line 12)		1,097,8	859.	1,160,807.	
	13												
	14												
	15	Salaries, other compensation, employee benefits (Gart IX, column (A), lines 5-10)								87.	865.	273,682.	
ses		6a Professional fundraising fees (Part IX, column (A) The 11e)											
Expenses		T to Casional	Tariar and	nses Part X	··}								
ងី						,		16,240.	-	7.60		1 007 007	
	17		-	IX, column (A), i					<u> </u>	760,		1,007,807.	
	18			ines 13-17 (must), line 25)	•	٠	848,		1,281,489.	
	19	Revenue les	expense	es. Subtract line	18 from line 1	2		· · · · · ·		249,	349.	-120,682.	
Net Assets or Fund Balances									Beg	ginning of `		End of Year	
A S	20	Total assets	(Part X, I	ine 16).			•			585,		324,644.	
\$ 5	21	Total liabilitie	es (Part X	(, line 26) .	•• • •				<u> </u>	214,	602.	74,597.	
	22			ances. Subtract	line 21 from lii	ne 20				370,	729.	<u>250,047.</u>	
Pa	rt II	Signat	ure Blo	ck									
		Under penalti	es of perjury,	I declare that I have	examined this retur	n, including acco	ompanying s	chedules and sta	atements, a	and to the best	of my kno	owledge and belief, it is	
		true, correct,	mo complete	e Declaration of prepa	irer (other than oth	cer) is based on	an morman	on or which prep	oarer nas a	. /	1		
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He	re	Signature	of officer	11 0					_	Date	;		
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		Type or p	rint name an	nd title									
								Date		Check if	Pr (se	eparer's identifying number se instructions)	
Pa		Preparer's			h:	YM	2010	2-18	0-10	self- employed	- 🔲 🗀	•	
Pro	_	signature	► GAI	L L MATHEW	s Hail	~~\/\	athe	~ "	. 10	J	$\neg _{P}$	00185933	
	rer's	Firm's name		NLON & MAT									
Us On		yours if self- employed)	yours if self- employed). 332 SOUTH MICHIGAN AVE.						EIN ► 36-2923108				
J	עי	address, and ZIP + 4		CAGO, IL 6						Phone no (312) 939-3060			
Mar	/ the			with the prepare		e? (see instr	ructions)			<u> </u>	, =	X Yes No	
				rwork Reduction				uctions		TEFA0112	12/22		

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	n 996 (2008) GLOBAL PHILANTHROPY PARTNERSHIP	56-2342600	Page 2
Pai	rt III Statement of Program Service Accomplishments (see instructions)		
1			
	SEE SCHEDULE O		
			
2	Did the organization undertake any significant program services during the year which were not list	ed on the prior	
	Form 990 or 990-EZ?	Yes X	No
_	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any prograi if 'Yes,' describe these changes on Schedule O.	n services? Yes X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program se	rvices by expenses Section 501(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran expenses, and revenue, if any, for each program service reported.	ts and allocations to others, the tota	àl'
4;	COORDINATES GRANTS IN SUPPORT OF THIS WORK, ENGAGES WITH CONSU	IMPLEMENTATION OF A DRKING IN PARTNERSHIP IG ALL SECTORS INVOLVED PY PARTNERSHIP JULIANTS AND VENDORS, AN K FORCE AND THE GREEN	
41	VOLUNTARY MEMBER PARTICIPATION IN ACTIVITIES; AND (3) POSITIVE ON THEIR SATISFACTION, NUMBER OF NEW CONNECTIONS, AND IDEAS GAMEMBERS. GLOBAL PHILANTHROPY PARTNERSHIP SERVES AS A FISCAL STATES INNOVATIVE PROJECT.	AND LEARN FROM EACH LENGES. USDN'S 70 WORK'S PURPOSES OF (1) (2) HIGH LEVEL OF E FEEDBACK FROM MEMBERS ATHERED FROM OTHER USDN SPONSOR AND ADVISOR TO	
	OTHER-GLOBAL PHILANTHROPY PARTNERSHIP PROMOTES STRATEGIC INTER DEVELOPMENT AND INTERNATIONAL ENVIRONMENTAL SOLUTIONS THROUGH INFORMATION FOR PROSPECTIVE DONORS IS PRESENTED IN A SERIES OF THROUGH COLLABORATION ON PUBLICATIONS INCLUDING "GLOBAL GIVING GLOBAL PHILANTHROPY PARTNERSHIP SUPPORTS THE WORK OF THE CHICA NETWORK (CGDN) TO EDUCATE LOCAL DONORS ON GLOBAL ISSUES AND OF AND OTHER PARTNERS INCLUDING GLOBAL CHICAGO, GLOBAL PHILANTHROW THE "LOCAL GIVING, GLOBAL IMPACT" DATABASE ON THE GLOBAL CHICAGO.	A VARIETY OF PROJECTS. F BRIEF GUIDES AND G MATTERS". IN CHICAGO AGO GLOBAL DONORS RGANIZATIONS. WITH CGL DPY PARTNERSHIP LAUNCHE	DY
4	d Other program services. (Describe in Schedule O.) SEE SCHEDULE O		
	(Expenses \$ 5,093. including grants of \$) (Revene total program service expenses ► \$ 1,213,969. (Must equal Part IX, Line 25, colu		
	TIZIS, 505. (Must equal tall in, the 25, cold	(5//	

Form 990 (2008) GLOBAL PHILANTHROPY PARTNERSHIP

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10		10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		х
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	• • • • • • • • • • • • • • • • • • •	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	ļ <u> </u>	X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	ļ	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II .	21	ऻ—	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	 	Х
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		x
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000		1	
	as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
,	any tax-exempt bonds? I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	•	
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27	000	X

Form 990 (2008) GLOBAL PHILANTHROPY PARTNERSHIP

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			-
i	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
,	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	Х	
(Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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ui.	Otatements regarding which more image and the compilation	—		
_	The the country and the Box 2 of form 1000. Annual Summers and Transmittal of U.S.		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	$\overline{\mathbf{x}}$	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If 'Yes,' enter the name of the foreign country: >			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
С	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	ļ
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		X
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9				\prod
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
ь	Did the organization make any distribution to a donor, donor advisor, or related person?	_9b		ļ
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1	i	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	1		
	Section 501(c)(12) organizations. Enter:			
	Gross income from other members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u>L</u>	Ш.
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		(0000
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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

<u> </u>	tion A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		Yes	No
1 a	a Enter the number of voting members of the governing body 1a 7			
t	Enter the number of voting members that are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7 2	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
ŧ	• Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. SEE SCHEDULE O			
ā	a The governing body?	8a	\mathbf{x}^{-}	
	Each committee with authority to act on behalf of the governing body?	8ь		X
9 a	a Does the organization have local chapters, branches, or affiliates?	9a		X
ŀ	of 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE. O	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		_X_
Sec	tion B. Policies			
			Yes	No
12	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	_X_	
1	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	l	X
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		Х_
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		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?	15a	X	
ı	b Other officers of key employees of the organization? SEE SCHEDULE O	15b		X
	Describe the process in Schedule O (see instructions)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
I	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt at the such arrangements?	16b		
Sec	status with respect to such arrangements?		Ь	
17				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply	vaılab	e for	public
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest pol statements available to the public. SEE SCHEDULE O	ісу, аі	nd fina	ancial
20				
		==-		
BAA		Form	990	(2008)

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

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

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee											
(A)	(B)		(c)					(D)	(E)	(F)	
Name and Title	Average hours		tion (all t	hat app		Reportable compensation from	Reportable	Estimated	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
ADELE S. SIMMONS				\vdash							
PRESIDENT	15	х	1	х				0.	0.	0.	
PAULA JOHNSON											
DIRECTOR	1	х						0.	0.	0.	
WOODWARD WICKHAM											
DIRECTOR	1	Х						0.	0.	0.	
DANIEL NIELSEN											
DIRECTOR	_1	Х						0.	0.	0.	
MARY PAGE											
DIRECTOR	1	Х						0.	0.	0.	
APRIL DONNELLAN				•							
EX DIR/SEC/TREA	24			Х			<u> </u>	37,492.	0.	0.	
SONYA ANDERSON											
DIRECTOR	1	Х					L	0.	0.	0.	
J.D. BINDENAGEL	ł					ł	}		_	_	
DIRECTOR	1	X	_			L		0.	0.	<u> </u>	
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(A)	(B)	ley	EII		c)	es,	an	(D)	(E)	pioyee	(F)	<u>n.)</u>
Name and Title	Average	Posi	tion (-	-	hat a	pply)	Reportable	Reportable		stimated	
	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amo con ore	unt of oth npensation from the ganization nd related anization	ner on d
				_								
								<u>-</u>				
									<u> </u>		_	
					<u> </u>						_	
	·		_						·			_
							_					
1 b Total		•					<u> </u>	37,492.	0	<u>. </u>		0
 Total number of individuals (including those in 1a) organization ► 0 	who rec	eive	d m	ore	thar	1 \$1 (0,00	00 in reportable o	ompensation from	the		
Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it.	ndıvıdua	al.	-		_			_		3	Yes	No X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual.	than \$15	50,00	00?	if 'Y	'es'	com	plet	e Schedule J for	such	4		X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	compens hedule	satio J for	n fr	om :	any erso	unre ก	elate	ed organization fo	r services	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensa compensation from the organization.	ted inde	pen	deni	t cor	ntra	ctors	tha	it received more t	han \$100,000 of			
(A) Name and business addres		-						(B) of Services		C) ensatio	n
JULIA PARZEN 5710 S. DORCHESTER AVE. CHICAGO		063	7					CONSULTING			120,7	42.
KATZENBACH PARTNERS, LLC 225 WEST WACKER DRIV						2		CONSULTING			190,3	
CHICAGO JOBS COUNCIL 29 EAST MADISON STREET	CHICAG	0,	IL	606	02		_	CONSULTING			195,0	00.
2 Total number of independent contractors (including	those II	n 1)	who	rec	ceiv	ed n	nore	than \$100,000 in				

Par	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) 1 d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f; h Total. Add lines 1a-1f Business Code 2a b c d e	1,160,807.			
PROGR/	f All other program service revenue g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)				
	b Less: rental expenses c Rental income or (loss). d Net rental income or (loss)				
	assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events .				
	9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses . b c Net income or (loss) from gaming activities .				
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11 a b c d All other revenue.				
	e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	1,160,807.	0.	0.	0.

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp		(B)	(C)	(D).
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	38,555.	25,061.	9,639.	3,855.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	182,383.	182,383.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	34,940.	34,940.		
10	Payroll taxes	17,804.	16,716.	777.	311.
11	Fees for services (non-employees)				
a	Management				
Ł	Legal	13,316.		13,316.	
(Accounting	8,500.		8,500.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other	791,031.	778,557.	400.	12,074.
_	Advertising and promotion	75270021	7.070011		
13	Office expenses	7,227.	4,006.	3,221.	
14	· F	1,221.	4,000.		
	Information technology			·· ··	
15	Royalties				
16	Occupancy	7,503.	3,818.	3,685.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	38,775.	31,869.	6,906.	
20	Interest				
21	Payments to affiliates			<u> </u>	
	Depreciation, depletion, and amortization				
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	VENDOR FEES	133,544.	133,544.		
ı	MEALS	3,620.	1,979.	1,641.	
	EXPENSE REIMB	3,255.	1,096.	2,159.	
(PAYROLL PROCESSING	1,000.		1,000.	
	BANK SERVICE CHARGES	36.		36.	
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	1,281,489.	1,213,969.	51,280.	16,240.
26					
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2008)

Га	III	Balance Sheet					
	_		(A) Beginning of year		(B End of) year	
	1	Cash – non-interest-bearing	99,113.	1	19	97,7	32.
	2	Savings and temporary cash investments		2		,	
	3	Pledges and grants receivable, net	175,000.	3	12	25,0	00.
	4	Accounts receivable, net	272,885.	4			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))					
	İ	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L .		6 _			
ASSETS	7	Notes and loans receivable, net		7			
S	8	Inventories for sale or use		8			
T 5	9	Prepaid expenses and deferred charges	38,333.	9		1,9	12.
	10 a	Land, buildings, and equipment: cost basis.					
	ь	Less: accumulated depreciation. Complete Part VI of					
		Schedule D		10 c			
	11	Investments – publicly-traded securities		11			
	12	Investments – other securities See Part IV, line 11		12			
	13	Investments - program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	585,331.	16	32	24,6	44.
	17	Accounts payable and accrued expenses	103,736.	17	•	74,5	597.
	18	Grants payable		18			
	19	Deferred revenue	110,866.	19			
Ļ	20	Tax-exempt bond liabilities		20			
À	21	Escrow account liability. Complete Part IV of Schedule D		21			
Ĭ L T	22	Payables to current and tormer officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II					
Ţ	ļ	of Schedule L		22		_	
S	23	Secured mortgages and notes payable to unrelated third parties	·····	23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	214,602.	26		74,5	<u> 597.</u>
N E		Organizations that follow SFAS 117, check here ► X and complete lines					
Ť		27 through 29 and lines 33 and 34.]
AWWEI	27	Unrestricted net assets	47,979.	27			<u> 210.</u>
- 1	28	Temporarily restricted net assets	322,750.	28	2	14,8	<u> 337.</u>
Ś	29	Permanently restricted net assets	<u> </u>	29			
R	1	Organizations that do not follow SFAS 117, check here ▶ □ and complete					
FUZD	ļ	lines 30 through 34.					ا ــــــــــــــــــــــــــــــــــــ
Ŋ	30	Capital stock or trust principal, or current funds	·	30			
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31			
Ä	32	Retained earnings, endowment, accumulated income, or other funds	·	32			
おくしくていじゅう	33	Total net assets or fund balances.	370,729.	33		_	<u> </u>
	34	Total liabilities and net assets/fund balances.	585,331.	34	3:	24,(<u>644.</u>
Pa	art X	Financial Statements and Reporting					
1	Ac	counting method used to prepare the Form 990: Cash X Accrual	Other			Yes	No
		ere the organization's financial statements compiled or reviewed by an independent	accountant?		2a		X
		ere the organization's financial statements audited by an independent accountant?			2b	Х	
	c If '	Yes' to 2a or 2b, does the organization have a committee that assumes responsibiliview, or compilation of its financial statements and selection of an independent according			2c		х
3	Ba Ąs	a result of a federal award, was the organization required to undergo an audit or aidit Act and OMB Circular A-133?	udits as set forth in the	Single	ای		l v
				• • • •	3a 3b		X
RΔ		Yes,' did the organization undergo the required audit or audits?	··-	·-·		990	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

To be completed by all section 501 (cX3) organizations and section 4947(aX1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public

Employer identification number Name of the organization GLOBAL PHILANTHROPY PARTNERSHIP 56-2342600 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name city and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b\(\frac{1}{X}\)(A\(\chi\)vi). (Complete Part II.) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after q June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** | Type II c | Type III - Functionally integrated a | Type I Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \dots \dots (i) 11 g (i) 11 g (ii) a family member of a person described in (i) above? . . . 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (iv) is the (vi) is the organization in col (vii) Amount of Support (i) organized in the US? (i) listed in your your support? (see instructions)) governing document? Yes No Yes No Yes No

Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 84,533 62,500 903,754. 1,097,859. 1,160,807 3,309,453. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 903,754. 1,097,859. 84,533 62,500 1,160,807 3,309, Total. Add lines 1-3 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 1,040,488. shown on line 11, column (f). Public support. Subtract line 5 2,268,965. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 1,160,807 84,533 62,500 903,754 1,097,859 3,309,453. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0. similar sources Net income form unrelated business activities, whether or not the business is regularly carried on 0. Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) SEE PART I 6,225. 6.225 Total support. Add lines 7 through 10 3,315,678. 12 0. 12 Gross receipts from related activities, etc. (see instructions) First five 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 68.4% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 31.4% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box X and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. 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 **stop here.** The organization qualifies as a publicly supported organization. 17 a 10%-facts-and-circumstances test — 2008. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test** — **2007.** 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 **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.....

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2008 GLOBAL PHILANTHROPY PARTNERSHIP 56-2342600 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you chec	ked the box on iii	le 9 01 Fait i.)					
Sect	ion A. Public Support							
Calen	dar year (or fiscal yr beginning in)►	(a) 2004	(b) 2005	_ (c) 2006	(d) 2007	(e) 200	8	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose					•		
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
7a b	Total. Add lines 1-5							
	and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
	Add lines 7a and 7b							
	Public support (Subtract line				 			
	7c from line 6)			 				
	tion B. Total Support	1			1	4 3 000		
Caler	ndar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b							
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13 14	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section	501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20			ne 13, column (f)			15	%
16	Public support percentage from tion D. Computation of Inv	2007 Schedule A,	Part IV-A, line 2	7g .	 	<u>:-</u>	16	
	Investment income percentage f				ump (f)		17	%
17	Investment income percentage to						18	%
18 19 a	33-1/3 support tests - 2008. If the	organization did not	check the box on	line 14, and line 15	5 is more than 33-1/3	3%, and line	17 is not	
b	more than 33-1/3%, check this to 33-1/3 support tests — 2007. If the is not more than 33-1/3%, check							and line 18 ☐
	Private foundation. If the organ							►H

Schedule A	A (Form	990 or 9	990-EZ)	2008	GLOBAL	PH]	LAN'	THROPY	PAR'	TNERS	SHIP	56-2342600 Part II, line 10; onal information. (see instructions)	age 4
Part IV	Supp	lemen	tal Info	ormati	ion. Com	plete	this	part to	provid	de the	explai	nation required by Part II, line 10;	
	Part	II, line	17a or	17b;	or Part I	il, lın	e_12.	Provide	e any	other	additio	onal information. (see instructions)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

GLC	BAL PHILANTHROPY PARTNERSHIP		56-2342600
Par	I Organizations Maintaining Dono	r Advised Funds or Other Similar Fun	nds or Accounts Complete if
	the organization answered 'Yes' t	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
_	•		
5		nor advisors in writing that the assets held in d to the organization's exclusive legal control?	
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	ors, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	ds may be ner Yes No
Par	t II Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b		
	Preservation of land for public use (e.g.,	recreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contribution in the form	n of a conservation easement on the last day
		· · · · · · · · · · · · · · · · · · ·	Held at the End of the Year
а	Total number of conservation easements	••	2a
b	Total acreage restricted by conservation ease	ements	2b
c	Number of conservation easements on a certi	ified historic structure included in (a)	. 2c
d	Number of conservation easements included	ın (c) acquired after 8/17/06	2d
		transferred, released, extinguished, or termina	ited by the organization during the taxable
	vear ►	3	
4	Number of states where property subject to co	onservation easement is located >	_
5	Does the organization have a written policy re enforcement of the conservation easement it	egarding the periodic monitoring, inspection, vio	olations, and Yes No
6	Staff or volunteer hours devoted to monitoring	g, inspecting, and enforcing easements during	the year ►
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing easements during the	year ►\$
8		on line 2(d) above satisfy the requirements of se	
^			
9	in Part XIV, describe now the organization report include, if applicable, the text of the footnote conservation easements.	ts conservation easements in its revenue and expe to the organization's financial statements that	describes the organization's accounting for
Par	t III Organizations Maintaining Colle	ections of Art, Historical Treasures, or	r Other Similar Assets
		swered 'Yes' to Form 990, Part IV, line	8.
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	er SFAS 116, not to report in its revenue statem blic exhibition, education, or research in further; ents that describes these items.	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
t	amounts relating to these items:	er SFAS 116, not to report in its revenue statem blic exhibition, education, or research in further	
	(i) Revenues included in Form 990, Part VIII	, line 1	▶ \$
	(ii) Assets included in Form 990, Part X.	, line 1	
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 relating to these items:	for financial gain, provide the following
		e 1	
	Assets included in Form 990, Part X		▶ \$
	•		·

Schedule D (Form 990) 2008 GLOBAL PHILAN		56-2342600	Page 2
Part III Organizations Maintaining Colle	ections of Art, Historical Treas	ures, or Other Similar Assets (cont	inued)
3 Using the organization's accession and other r that apply):	records, check any of the following that	at are a significant use of its collection items	s (check all
a Public exhibition	d Loan or exchange p	rograms	
b Scholarly research			
c Preservation for future generations			
4 Provide a description of the organization's coll Part XIV.	•	-	
5 During the year, did the organization solicit or assets to be sold to raise funds rather than to			No
Part IV Trust, Escrow and Custodial Arr IV, line 9, or reported an amount	rangements Complete if organ t on Form 990, Part X, line 21.	ızation answered 'Yes' to Form 990	, Part
1a Is the organization an agent, trustee, custodia included on Form 990, Part X?	in, or other intermediary for contribution	ons or other assets not Yes	No
b If 'Yes,' explain the arrangement in Part XIV a	and complete the following table:		
		Amount	
c Beginning balance		1c	
d Additions during the year .		1 d	
e Distributions during the year		. 1e	
f Ending balance		<u>1f</u>	
2a Did the organization include an amount on For	rm 990, Part X, line 21?	Yes	No
b If 'Yes,' explain the arrangement in Part XIV			
Part V Endowment Funds Complete if or	rganization answered 'Yes' to	Form 990, Part IV, line 10.	
(a) Current	year (b) Prior year (c) Tw	o years back (d) Three years back (e) Four	years back
1 a Beginning of year balance			
b Contributions			
c Investment earnings or losses			
d Grants or scholarships			
e Other expenditures for facilities and programs			1
f Administrative expenses			
g End of year balance			·
2 Provide the estimated percentage of the year	end balance held as:		
a Board designated or quasi-endowment >	%		
b Permanent endowment ► %			
c Term endowment ► %			
3a Are there endowment funds not in the possess organization by.	sion of the organization that are held	and administered for the	es No
(i) unrelated organizations			
(ii) related organizations			
b If 'Yes' to 3a(ii), are the related organizations			
4 Describe in Part XIV the intended uses of the	•	<u></u>	
Part VI Investments-Land, Buildings, a		Part X. line 10.	
	(a) Cost or other basis (b) Cost or basis (ot	other (c) Depreciation (d) Boo	k Value
1a Land			
b Buildings			
c Leasehold improvements			
d Equipment			
e Other			

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) BAA

Schedule **D** (Form 990) 2008

Part VII	Investments—Other Securities See	<u>·orm 990, Part X, line</u>	12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial o	derivatives and other financial products .			
Closely-he	ld equity interests			
-	·			
	·			
		- 		
		- 		
				
Total (Cali				
	mn (b) should equal Form 990 Part X, col. (B) line 12)	Cours 000 Doub V lin	0.12) 17/3	
Part VIII	Investments—Program Related (See			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		<u> </u>		
	······································			
			······································	
-				
Total, Colum	nn (b)(should equal Form 990, Part X, Col (B) line 13)	-		
Part IX	Other Assets (See Form 990, Part X	, line 15) N/A		
	(a) [escription	(b) Boo	k value
	 			
				
	······································	***		
				
T-4 1 0-1	4) T + 1 (1) - 1 5 - 200 D + 1 V	-1 (D) 1 15)		
	umn (b) Total (should equal Form 990, Part X, (
Part X	Other Liabilities (See Form 990, Par			
	(a) Description of Liability	(b) Amount	_	
Federal In	come Taxes			
			_	
			_	
			_	
Total Colum	nn (b) Total (should equal Form 990, Part X, col. (B) line 25)	▶		
	V provide the text of the feet ate to the ergen:		a that appets the appendicular liability for con-	-1

Schedule D (Form 990) 2008 GLOBAL PHILANTHROPY PARTNERSHIP

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

56-2342600

Page 3

Sche	edule D (Form 990) 2008 GLOBAL PHILANTHROPY PARTNERSHIP	56-2342600	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	5	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	1,	160,807.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,	281,489.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		120,682.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		120,682.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
1	Total revenue, gains, and other support per audited financial statements	1 1,	160,807.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
ā	Net unrealized gains on investments		
ŀ	Donated services and use of facilities		
(Recoveries of prior year grants		
	Other (Describe in Part XIV) 2d		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		160,807.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
-	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	-	
	Add lines 4a and 4b.	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		160,807.
	† XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		100,007.
	Total expenses and losses per audited financial statements		281,489.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		201,403.
	Donated services and use of facilities		
			
			
		 	
_	Add lines 2a through 2d	2e 1	281,489.
3	Subtract line 2e from line 1	$\begin{vmatrix} 3 & 1 \\ \end{vmatrix}$	201,409.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	 -	
	Add lines 4a and 4b.	4c	201 400
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5 1,	281,489.
Pal	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	rt IV, lines 1b and 2l	b, Part V,
			-
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
BAA	TEEA3304L 12/23/08	Schedule <b>D</b> (Fo	orm 990) 2008

Schedule D	(Form 990) 2008 Supplemental Information (continued)	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
		<del>-</del>
		- <del></del> -
<del>_</del>		
		- <b></b>

## SCHEDULE L (Form 990 or 990-EZ)

**Transactions with Interested Persons** 

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

➤ To be completed by organizations that answered

'Yes' on Form 990. Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open to Public Inspection

Name of the organization	Employer identification number											
GLOBAL PHILANTHROPY PARTNERSHIP			56-2342600									
Part I Excess Benefit Transactions ( To be completed by organizations that a	secti answe	on 501 red 'Yes	(c)(3) a ' on Form	ind section 990, Part IV,	501(c)(4 line 25a oi	4) organiza r 25b, or Forr	ations n 990-	only EZ, Pai	). t V, III	ne 40b	)	
1 (a) Name of disqualified parent					(h) Docariotio	n of transaction					(c) Corr	rected?
1 (a) Name of disqualified person					(b) Descriptio	n of transaction					Yes	No
			-									
2 Enter the amount of tax imposed on the organisection 4958.		ion man	agers or	disqualified po	ersons du	ring the year	under	<b>▶</b> \$			I	
3 Enter the amount of tax, if any, on line 2, ab		reimburs	ed by the	e organization		•		► s				
Part II Loans to and/or From Interestor To be completed by organization Part V, line 38a.	ed P	ersons	<b>5.</b>			Part IV, I	ine 26	or F	orm	990-	EZ,	
(a) Name of interested person and purpose (b	(a) Name of interested person and purpose (b) Loan to the organ				lance due (e) In default?		default?	(f) Approved by board or committee?		(g) Written agreement?		
	То	From	· - · · ·					No	Yes	No	Yes	No
	-	<u> </u>				<del> </del>	+-					
Total				▶ \$								
Part III Grants or Assistance Benefitti To be completed by organization	i <b>ng l</b> i ons t	nterest hat an	t <b>ed Pers</b> swered	ons. 'Yes' on Fo	orm 990,	Part IV, I	ıne 27	7.		_		
(a) Name of interested person	(1	b) Relations	ship between the organ	interested person	and	(c) A	mount o	f grant o	type of	assista	nce	
			<u>.</u>									
		•										
		··········										
Part IV Business Transactions Involvi To be completed by organization	ing I ons t	nteres that an	t <b>ed Per</b> s swered	yes' on Fo	orm 990,	, Part IV, I	ine 28	3a, 28	3b, o	r 28c	:	
(a) Name of interested person		elationship sted persor organizati	and the	(c) Amou transacti		(d) Des		of transa	action		organiz	-
KEVIN SIMMONS E	MPI	OYEE		1	0,400.	SALARY		<del></del>			Yes	No X
	_											
	_				<del></del>	-						
BAA For Privacy Act and Paperwork Reduction A	Act No	otice, se	e the Inst	tructions for l	Form 990.	ISch	nedule	L (For	m 990	or 99	90-EZ)	2008

## SCHEDULE O (Form 990)

Name of the organization

### **Supplemental Information to Form 990**

OMB No 1545-0047

Employer identification number

2008

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

Open to Public Inspection

GLOBAL PHILANTHROPY PARTNERSHIP	56-2342600
PART VI GOVERANCE-POLICIES	
AT_THE_DECEMBER 2009 BOARD OF DIRECTORS MEETING, A	REVISED WRITTEN CONFLICT OF
INTEREST POLICY WHICH REQUIRES AN ANNUAL STATEMENT	REGARDING COMPLIANCE WITH THE
CONFLICT OF INTEREST TO BE SIGNED BY THE DIRECTORS	WAS ADOPTED. THE POLICY REQUIRES
PERIODIC REVIEWS OF COMPENSATION AND ARRANGEMENTS W	ITH OUTSIDE ORGANIZATIONS TO
DETERMINE THAT THE ORGANIZATION DOES NOT ENGAGE IN	ACTIVITIES THAT COULD JEOPARDIZE
ITS TAX EXEMPT STATUS	
IN_ADDITION, A WRITTEN WHISTLEBLOWER AND A WRITTEN	RECORD RETENTION AND DESTRUCTION
POLICY_WERE_ADOPTED.	
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
GLOBAL PHILANTHROPY PARTNERSHIP (GPP) PROMOTES STRA	TEGIC GLOBAL PHILANTHROPY AND
AWARENESS OF GLOBAL DEVELOPMENT ISSUS INCLUDING CLI	MATE CHANGE. WORKING WITH
PARTNERS ACROSS SECTORS, GPP IMPLEMENTS THE CHICAGO	CLIMATE ACTION PLAN. GPP
SPONSORS PROJECTS IN SUPPORT OF ITS MISSION INCLUDE	NG THE URBAN SUSTAINABILITY
DIRECTORS NETWORK.	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DE	SCRIPTION
LOCAL GIVING, GLOBAL IMPACT DATABASE PROJECT, ORIGI	NALLY FUNDED BY A GRANT FROM THE
CHICAGO COMMUNITY TRUST.	
FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORA	NEOUSLY DOCUMENTATION OF MEETINGS
DUE TO THE SIZE OF THE BOARD AND THE ORGANIZATION,	THE ORGANIZATION DOES NOT HAVE
ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF T	THE GOVERNING BODY.
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
IN ADDITION TO PROVIDING A COPY OF THE FORM 990 TO	EACH MEMBER OF THE GOVERNING
BOARD PRIOR TO FILING. THE DRAFT FORM 990 WAS REVIE	EWED IN DETAIL BY THE EXECUTIVE

Name of the organization	Employer identification number
GLOBAL PHILANTHROPY PARTNERSHIP	56-2342600
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS (CONTINUED)	)
DIRECTOR AND PRESIDENT WITH THE PREPARING ACCOUNTANT.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PRO	CESS FOR OFFICERS & KEY EMPLOYEE
WHEN THE EXECUTIVE DIRECTORS WAS HIRED IN 2005, COMPENSATION	ON WAS DETERMINED BASED ON
COMPENSATION OF OTHER INDIVIDUALS IN SIMILIAR POSITIONS AND	WITH COMMENSURATE
EXPERIENCE KNOWN TO THE PRESIDENT. DOCUMENTATION WAS NOT RE	TAINED. ANNUAL
ADJUSTMENTS HAVE APPROXIMATED COST OF LIVING ADJUSTMENTS.	THE COMPENSATION IS
APPROVED BY THE PRESIDENT. THERE ARE NO OTHER PAID OFFICER	RS.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICE	LY AVAILABLE
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE	AVAILABLE UPON WRITTEN
REQUEST.	
~	

2008

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLOBAL		NTHROPY	DADTA	IEDCHID
GLUBAL	PHILAI	HINKUPI	PARIF	REKONIF

56-2342600

<b>PART II, LINE 10 - (</b>	OTHER INCOME
-----------------------------	--------------

NATURE AND SOURCE		2008	2007	2006	2005	2004
OTHER	TOTAL \$	0.	\$ 0.	\$ 0.	6,225. \$ 6,225.	\$ 0.

# (Rev April 2009)

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

•	File a	separate	application	for each	return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ...... • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Radia Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. . . . . . All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or print GLOBAL PHILANTHROPY PARTNERSHIP 56-2342600 File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions. filing your return. See instructions. 643 W. ARLINGTON PLACE City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60614 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of . ► ADELE SIMMONS Telephone No. ► <u>773-404-5566</u> FAX No. ► If the organization does not have an office or place of business in the United States, check this box...... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box. ▶ ☐. If it is for part of the group, check this box. ▶ ☐ and attach a list with the names and EINs of all members the extension will cover. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20___ or tax year beginning 10/01 , 20 08 , and ending 9/30 , 20 09 . 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions..... 3a|\$ 0. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit..... 0. 3Ы\$ c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). 0. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev 4-2009)