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**Form 990**Department of the Treasury  
Internal Revenue Service**PAPER FILING PURSUANT TO NOTICE 2012-4  
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

**2010**Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011**

<b>B Check if applicable</b>	<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	GLOBAL PARTNERS FOR DEVELOPMENT Doing Business As Number and street (or P.O. box if mail is not delivered to street address) <b>320 PROFESSIONAL DRIVE</b>		94-2537375
	Room/suite <b>120</b>		<b>E Telephone number</b> <b>(707)-588-0550</b>
	City or town, state or country, and ZIP + 4 <b>ROHNERT PARK, CA 94928</b>		<b>G Gross receipts \$</b> <b>1,366,980.</b>
	<b>F Name and address of principal officer.</b> <b>CATHERINE W. KIRBY</b> <b>320 PROFESSIONAL DRIVE, ROHNERT PARK, CA 94</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
			<b>H(c) Group exemption number</b> ►
<b>I Tax-exempt status.</b> <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 Website:</b> ► <b>WWW.GPFD.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation:</b> <b>1978</b> <b>M State of legal domicile:</b> <b>CA</b>	

<b>Activities &amp; Governance</b>	<b>1 Briefly describe the organization's mission or most significant activities</b> <b>OUR MOST SIGNIFICANT ACTIVITIES INCLUDE THE FOLLOWING:</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4
<b>Expenses</b>	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5
	6 Total number of volunteers (estimate if necessary)	6
<b>Net Assets or Fund Balances</b>	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
	b Net unrelated business taxable income from Form 990-T, line 34	7b
	<b>Prior Year</b>	<b>Current Year</b>
8 Contributions and grants (Part VIII, line 1h)	<b>1,727,033.</b>	<b>1,222,625.</b>
9 Program service revenue (Part VIII, line 2g)	<b>26,250.</b>	<b>143,901.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>495.</b>	<b>454.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>-18,599.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,753,778.</b>	<b>1,348,381.</b>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,213,944.</b>	<b>905,916.</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>265,650.</b>	<b>277,462.</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
b Total fundraising expenses (Part IX, column (A), line 25)	<b>117,196.</b>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	<b>163,019.</b>	<b>291,441.</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,642,613.</b>	<b>1,474,819.</b>
19 Revenue less expenses Subtract line 18 from line 12	<b>111,165.</b>	<b>-126,438.</b>
	<b>Beginning of Current Year</b>	<b>End of Year</b>
20 Total assets (Part X, line 16)	<b>660,839.</b>	<b>517,007.</b>
21 Total liabilities (Part X, line 26)	<b>173,384.</b>	<b>155,990.</b>
22 Net assets or fund balances Subtract line 21 from line 20	<b>487,455.</b>	<b>361,017.</b>

**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>	<b>Signature of officer</b> <i>Catherine Kirby</i>	<b>Date</b> <i>2/15/2012</i>
	<b>CATHERINE W. KIRBY, EXECUTIVE DIRECTOR</b>	
	<b>Type or print name and title</b>	

<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> <b>RAYMOND POUNDS</b>	<b>Preparer's signature</b> <i>CPA</i>	<b>Date</b> <i>2/14/12</i>	<b>Check if self-employed</b> <input type="checkbox"/>	<b>PTIN</b>
	<b>Firm's name</b> ► <b>PISENTI &amp; BRINKER LLP</b>		<b>Firm's EIN</b> ►		
	<b>Firm's address</b> ► <b>201 FIRST STREET, SUITE 208 PETALUMA, CA 94952</b>			<b>Phone no.</b> <b>(707) 762-9900</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 to any question in this Part III 1 Briefly describe the organization's mission.

**GLOBAL PARTNERS FOR DEVELOPMENT WORKS TO BUILD SUSTAINABLE SOLUTIONS TO END POVERTY. WE WORK WITH GRASS ROOTS ORGANIZATIONS TO ACHIEVE SUSTAINABLE IMPROVEMENTS IN NUTRITION, CLEAN WATER, HEALTH, EDUCATION AND ECONOMIC SELF RELIANCE. OUR TEAM OF INDIGENOUS AND HIGHLY SKILLED**

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code. ) (Expenses \$ 779,295. including grants of \$ 758,605. ) (Revenue \$ )

**IN-KIND : GLOBAL PARTNERS FOR DEVELOPMENT PARTNERS WITH OTHER ORGANIZATIONS TO CREATE THE MOST COST EFFECTIVE METHOD OF SENDING MEDICAL EQUIPMENT AND SUPPLIES TO EAST AFRICA. RURAL CLINICS AND DISPENSARIES WHICH WOULD OTHERWISE HAVE NO HOPE OF PROVIDING ADEQUATE, UP-TO-DATE TREATMENT FOR SICK AND DYING PATIENTS ARE ABLE TO OFFER EFFECTIVE CARE AS WELL AS DISEASE PREVENTION MEASURES. POLIO, MEASLES AND OTHER SICKNESSES WHICH ESPECIALLY THREATEN CHILDREN HAVE BEEN ALMOST COMPLETELY WIPE OUT IN AREAS THAT HAVE RECEIVED THE INKIND SHIPMENTS. MATERNAL AND CHILD MORTALITY HAS BEEN REDUCED AS HAVE DEATHS FROM A WHOLE RANGE OF PREVENTABLE AND TREATABLE DISEASES.**

4b (Code. ) (Expenses \$ 155,707. including grants of \$ ) (Revenue \$ 143,901. )

**EDUCATIONAL TRAVEL PROGRAM: PARTICIPANTS LEARN ABOUT DEVELOPMENT ISSUES AND THE EFFECTS OF POVERTY IN EAST AFRICA. TRAVELERS WHO HAVE SUPPORTED PROJECTS CAN NOT ONLY SEE THE EFFECTS OF THEIR DONATIONS BUT ALSO GAIN A MORE COMPLETE UNDERSTANDING OF THE ROLE OF THE PROJECT IN IMPROVING THE OUTLOOK FOR THE ENTIRE COMMUNITY. TRAVELERS RECEIVE A MORE COMPREHENSIVE INSIGHT INTO THE CHALLENGES FACING THE COMMUNITY AS WELL AS WHAT FUTURE ACTIONS WILL WORK BEST TO SOLVE PROBLEMS WHILE MAINTAINING CULTURAL INTEGRITY.**

4c (Code: ) (Expenses \$ 78,196. including grants of \$ 41,007. ) (Revenue \$ )

**WATER & SANITATION: CONSTRUCTION OF CLEAN WATER SUPPLY SYSTEMS, PROTECTION OF WATER SUPPLY, HYGIENE EDUCATION, LATRINE CONSTRUCTION. DIRTY CONTAMINATED WATER IS RESPONSIBLE FOR A MYRIAD OF HEALTH PROBLEMS INCLUDING DYSTENTERY AND MALARIA. WOMEN AND CHILDREN WALK MILES EACH WAY CARRYING HEAVY CONTAINERS OF WATER. GATHERING JUST 20 LITERS OF WATER CAN TAKE UP TO NINE HOURS A DAY; THIS AMOUNT IS ONLY SUFFICIENT FOR ONE HOUSEHOLD FOR TWO DAYS AND JUST FOR COOKING FOOD. REDUCING THE AMOUNT OF WORK THAT WOMEN HAVE TO DEVOTE TO WATER COLLECTION IMPROVES THE ECONOMIC SITUATION BY GIVING THEM TIME TO USE IN OTHER MORE ECONOMICALLY USEFUL PURPOSES. HYGIENE EDUCATION TEACHES PEOPLE TO AVOID DISEASES THAT CURRENTLY FLOURISH BECAUSE OF LACK OF WATER.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 258,000. including grants of \$ 106,304. ) (Revenue \$ )

4e Total program service expenses ► 1,271,198.

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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*

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*

6 Did the organization maintain any donor advised funds or any similar funds or 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*

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*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

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*

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*

b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*

c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*

e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*

12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*

b Was the organization included in consolidated, independent audited financial statements for the tax year?  
*If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*

13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*

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, Parts II and IV*

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, Parts III and IV*

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*

20a Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? *Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)*

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		
12a	X	
12b		X
13		X
14a		X
14b	X	
15	X	
16		X
17		X
18	X	
19		X
20a		X
20b		

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 <input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 <input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 <input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a <input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b <input type="checkbox"/>	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c <input type="checkbox"/>	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d <input type="checkbox"/>	
25a 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 <input checked="" type="checkbox"/>	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 <input checked="" type="checkbox"/>	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a <input type="checkbox"/>	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b <input type="checkbox"/>	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c <input type="checkbox"/>	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 <input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 <input checked="" type="checkbox"/>	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 <input checked="" type="checkbox"/>	

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9 <b>Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 <b>Section 501(c)(7) organizations.</b> Enter.		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 <b>Section 501(c)(12) organizations.</b> Enter.		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year  
 8  
 8

b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  
 a The governing body?  
 b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9	X	

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

10a Does the organization have local chapters, branches, or affiliates?  
 b If "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?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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  
 b Other officers or key employees of the organization  
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
 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 status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**CATHERINE KIRBY - 707-588-0550**  
**320 PROFESSIONAL DRIVE, #120, ROHNERT PARK, CA 94928**



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

compensation from the organization ►			0
	Yes	No	
3	3	X	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	4	X	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? If "Yes," complete Schedule J for such individual
5	5	X	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

## **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 **NONE**

the organization	NONE	(A)	Name and business address	(B)	Description of services	(C)	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

**Part 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
<b>Contributions, gifts, grants and other similar amounts</b>					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	95,827.			
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1126798.			
g Noncash contributions included in lines 1a-1f \$		697,606.			
<b>h Total. Add lines 1a-1f</b>			1222625.		
<b>Program Service Revenue</b>		<b>Business Code</b>			
2 a <b>PROGRAM FEES</b>		562000	143,901.	143,901.	
b					
c					
d					
e					
f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>			143,901.		
<b>3 Investment income (including dividends, interest, and other similar amounts)</b>			454.		454.
<b>4 Income from investment of tax-exempt bond proceeds</b>					
<b>5 Royalties</b>					
6 a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
<b>7 a Gross amount from sales of assets other than inventory</b>	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
<b>8 a Gross income from fundraising events (not including \$ 95,827. of contributions reported on line 1c) See Part IV, line 18</b>	a	0.			
b Less: direct expenses	b	18,599.			
c Net income or (loss) from fundraising events			-18,599.		-18,599.
<b>9 a Gross income from gaming activities. See Part IV, line 19</b>	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
<b>10 a Gross sales of inventory, less returns and allowances</b>	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11 a</b>					
b					
c					
d All other revenue					
<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions.</b>			1348381.	143,901.	0. -18,145.

**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).

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
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	905,916.	905,916.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,697.	65,478.	27,070.	31,149.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	116,741.	70,928.	21,947.	23,866.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,084.	13,808.	2,230.	3,046.
10 Payroll taxes	17,940.	11,121.	3,420.	3,399.
11 Fees for services (non-employees):				
a Management				
b Legal	146.		146.	
c Accounting	24,935.	14,961.	6,234.	3,740.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	23,950.	14,250.		9,700.
12 Advertising and promotion	300.			300.
13 Office expenses	32,402.	6,764.	4,440.	21,198.
14 Information technology	8,484.	4,827.	1,521.	2,136.
15 Royalties				
16 Occupancy	36,287.	17,078.	10,137.	9,072.
17 Travel	143,942.	142,330.	145.	1,467.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	384.		384.	
23 Insurance	5,452.	3,271.	1,363.	818.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>MEETINGS AND EVENTS</b>	7,546.	235.	304.	7,007.
b <b>BAD DEBT</b>	6,953.		6,953.	
c <b>MISCELLANEOUS</b>	571.	142.	131.	298.
d <b>TRAINING AND EDUCATION</b>	89.	89.		
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>1,474,819.</b>	<b>1,271,198.</b>	<b>86,425.</b>	<b>117,196.</b>
<b>26 Joint costs.</b> Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	260,338.	2	181,623.
	3 Pledges and grants receivable, net	370,575.	3	309,959.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,599.	9	3,340.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	14,022.		
	b Less: accumulated depreciation	12,798.	10c	1,224.
	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	20,719.	15	20,861.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	660,839.	16	517,007.
Liabilities	17 Accounts payable and accrued expenses	49,151.	17	60,836.
	18 Grants payable	124,233.	18	95,154.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	173,384.	26	155,990.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	434,095.	27	303,895.
	28 Temporarily restricted net assets	36,480.	28	40,242.
	29 Permanently restricted net assets	16,880.	29	16,880.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	487,455.	33	361,017.
	34 Total liabilities and net assets/fund balances	660,839.	34	517,007.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,348,381.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,474,819.
3	Revenue less expenses. Subtract line 2 from line 1	3	-126,438.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	487,455.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	361,017.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question 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 in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
b Were the organization's financial statements audited by an independent accountant?  
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 in Schedule O  
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

Form 990 (2010)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**GLOBAL PARTNERS FOR DEVELOPMENT**

Employer identification number

**94-2537375**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 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: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other  
 e  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 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) 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?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
			Yes	No	Yes	No		
<b>Total</b>								

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,003,406.	4,229,589.	2,288,287.	1,727,033.	1,366,526.	12,614,841.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,003,406.	4,229,589.	2,288,287.	1,727,033.	1,366,526.	12,614,841.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						12,614,841.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,003,406.	4,229,589.	2,288,287.	1,727,033.	1,366,526.	12,614,841.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,359.	5,229.	1,714.	495.	424.	12,221.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						12,627,062.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 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**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.90	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.90	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. 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	► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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	► <input type="checkbox"/>		
18 Private foundation. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total. Add lines 1 through 5</b>						
<b>7a 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>						
<b>c Add lines 7a and 7b</b>						
<b>8 Public support (Subtract line 7c from line 6)</b>						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support (Add lines 9, 10c, 11, and 12)</b>						

**14 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**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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 ►

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**GLOBAL PARTNERS FOR DEVELOPMENT**

Employer identification number

**94-2537375****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**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 are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table:

c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes  No

b If "Yes," explain the arrangement in Part XIV

	Amount
1c	
1d	
1e	
1f	

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

1a Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
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 possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		14,022.	12,798.	1,224.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,224.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** 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) _____		
(I) _____		
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►</b>		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►</b>	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►**

FIN 48 (ASC 740) Footnote 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

2. FIN 48 (ASC 740)

032053  
12-20-10

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,348,381.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,474,819.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	-126,438.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net). Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-126,438.

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

1 Total revenue, gains, and other support per audited financial statements	1	1,366,980.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	18,599.
e Add lines 2a through 2d	2e	18,599.
3 Subtract line 2e from line 1	3	1,348,381.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,348,381.

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

1 Total expenses and losses per audited financial statements	1	1,493,418.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	18,599.
e Add lines 2a through 2d	2e	18,599.
3 Subtract line 2e from line 1	3	1,474,819.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,474,819.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**PART XII, LINE 2D - OTHER ADJUSTMENTS:****FUNDRAISING DIRECT EXPENSES SHOWN IN REVENUE ON FORM 990,****PART VIII, LINE 8B** **18,599.****PART XIII, LINE 2D - OTHER ADJUSTMENTS:****FUNDRAISING DIRECT EXPENSES REPORTED ON FORM 990, PART****VIII, LINE 8B** **18,599.**

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

Employer identification number

**GLOBAL PARTNERS FOR DEVELOPMENT****94-2537375****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SEVERAL PROGRAMS INVOLVING: SCHOLARSHIPS, HEALTH AND MEDICAL, WATER, HYGIENE AND	121,190.
3 a Sub-total	0	0			121,190.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			121,190.

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

Schedule F (Form 990) 2010

SEE PART V FOR COLUMN (E) DESCRIPTIONS

032071  
12-20-10

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

1 (a) Name of organization	1 (b) IRS code section and EIN (if applicable)	1 (c) Region	1 (d) Purpose of grant	1 (e) Amount of cash grant	1 (f) Manner of cash disbursement	1 (g) Amount of non-cash assistance	1 (h) Description of non-cash assistance	1 (i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT AND EDUCATION FOR ORPHANS - HEALTH & MEDICAL	9,587.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT AND EDUCATION FOR ORPHANS - HEALTH & MEDICAL	9,616.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SCHOLARSHIP - LOWER & UPPER SECONDARY SCHOOL COLLEGES	7,233.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SCHOLARSHIP - LOWER SECONDARY SCHOOLS	6,083.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CONSTRUCT 2 WELLS W/ HAND PUMPS - CLEAN WATER, SANITATION & HYGIENE	6,865.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WATER SUPPLY PROJECT: PIPELINE, RESERVOIR, TAPSTANDS - CLEAN WATER, SANITATION &					
		SUB-SAHARAN AFRICA	TENTS AND CHAIRS RENTAL BUSINESS START-UP - WOMEN'S ECONOMIC DEVELOPMENT	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	0.			MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	FAIR MARKET VALUE
							36,897	

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

3 Enter total number of other organizations or entities

## **Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States**

Continuation of Grants and Other Assistance to Organizations in Africa and the Middle East						
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
			SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	0.	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT
			SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	198582.	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT
			SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	0.	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT
			SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	54,496.	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT
			SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	0.	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT
			SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	64,957.	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT
			SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	168368.	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT
			SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	0.	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT
			SUB-SAHARAN AFRICA	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT	174306.	MEDICAL SUPPLIES, DRUGS AND MEDICAL EQUIPMENT

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see Instructions for Form 926)  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, *Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U.S. Owner* (see Instructions for Forms 3520 and 3520-A)  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 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, *Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund*. (see 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 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 file Form 5713, *International Boycott Report* (see Instructions for Form 5713)  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), 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.

SCHEDULE F, PART I, LINE 2: GLOBAL PARTNERS REQUIRES ANY ORGANIZATION THAT APPLIES FOR FUNDING TO BE FULLY CERTIFIED BY THE GOVERNMENT OF ITS RESPECTIVE COUNTRY. GLOBAL PARTNERS MAKES NO GRANTS TO INDIVIDUALS. ALL ORGANIZATIONS ARE REQUIRED TO COMPLETE OUR APPLICATION FORM AND SUBMIT A DETAILED BUDGET. THIS APPLICATION AND BUDGET ALONG WITH ANY SUPPLEMENTS AND REPORTS ARE KEPT IN THE ACTIVE FILES IN OUR OFFICE BOTH AS HARD COPY AND IN ELECTRONIC FORM DURING THE REPORTING PERIOD OF THE GRANT. ONCE THIS PERIOD IS ENDED, FILES ARE MOVED TO THE ARCHIVES. GLOBAL PARTNERS HAS TRUSTED REPRESENTATIVES IN-COUNTRY WHO HAVE BEEN APPROVED TO DISPERSE AND MONITOR THE EXPENDITURE OF GRANT FUNDS. THEY PROVIDE BANK STATEMENTS AND OTHER FINANCIAL RECORDS ON A REGULAR BASIS. THE PROGRAMS COORDINATOR TRAVELS TO EAST AFRICA FOR THE PURPOSE OF VISITING THE PROJECT SITES TO DETERMINE WHETHER FUNDS HAVE BEEN SPENT CORRECTLY AND ACCORDING TO THE APPROVED BUDGET.

PART I, LINE 3, COLUMN (E):REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SEVERAL PROGRAMS INVOLVING: SCHOLARSHIPS, HEALTH AND MEDICAL, WATER, HYGIENE AND SANITATION PROJECTS; EDUCATION, CONSTRUCTION AND PARTNER DEVELOPMENT; WOMEN'S ECONOMIC DEVELOPMENT AND FARM ANIMAL MANAGEMENT

PART II, COLUMN (D):REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: WATER SUPPLY PROJECT: PIPELINE, RESERVOIR, TAPSTANDS - CLEAN WATER, SANITATION & HYGIENE

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

---

**Name of the organization**

**Employer identification number**  
**94-2537375**

## GLOBAL PARTNERS FOR DEVELOPMENT

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations e  Solicitation of non-government grants
- b  Internet and email solicitations f  Solicitation of government grants
- c  Phone solicitations g  Special fundraising events
- d  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

**Total**

**3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue		(a) Event #1 <b>PASSPORT TO POWER OF SELF RELIANCE</b> (event type)	(b) Event #2 <b>PARTNERSHIP</b> (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col (a) through col. (c))
	1 Gross receipts	19,166.	76,661.		95,827.
	2 Less: Charitable contributions	19,166.	76,661.		95,827.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		3,240.		3,240.
	7 Food and beverages	3,561.	11,303.		14,864.
	8 Entertainment	98.			98.
	9 Other direct expenses	221.	176.		397.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			► (	18,599.
	11 Net income summary. Combine line 3, column (d), and line 10			► -	-18,599.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			► (	)
	8 Net gaming income summary. Combine line 1, column d, and line 7			► -	

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART II, LINE 2: GLOBAL PARTNERS REQUIRES ANY ORGANIZATION THAT APPLIES FOR FUNDING TO BE FULLY CERTIFIED BY THE GOVERNMENT OF ITS RESPECTIVE COUNTRY. GLOBAL PARTNERS MAKES NO GRANTS TO INDIVIDUALS. ALL ORGANIZATIONS ARE REQUIRED TO COMPLETE OUR APPLICATION FORM AND SUBMIT A DETAILED BUDGET. THIS APPLICATION AND BUDGET ALONG WITH ANY SUPPLEMENTS AND REPORTS ARE KEPT IN THE ACTIVE FILES IN OUR OFFICE BOTH AS HARD COPY AND IN ELECTRONIC FORM DURING THE REPORTING PERIOD OF THE GRANT. ONCE THIS PERIOD IS ENDED, FILES ARE MOVED TO THE ARCHIVES. GLOBAL PARTNERS HAS TRUSTED REPRESENTATIVES IN-COUNTRY WHO HAVE BEEN APPROVED TO DISPERSE AND**

## Part IV Supplemental Information

MONITOR THE EXPENDITURE OF GRANT FUNDS. THEY PROVIDE BANK STATEMENTS AND OTHER FINANCIAL RECORDS ON A REGULAR BASIS. THE PROGRAMS COORDINATOR TRAVELS TO EAST AFRICA FOR THE PURPOSE OF VISITING THE PROJECT SITES TO DETERMINE WHETHER FUNDS HAVE BEEN SPENT CORRECTLY AND ACCORDING TO THE APPROVED BUDGET.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: WILSHIRE AVE. COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SERVICES - SUPPORT OF CHURCH'S COMMUNITY OUTREACH MISSION IN SUB-SAHARAN AFRICA

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

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**GLOBAL PARTNERS FOR DEVELOPMENT**

Employer identification number

**94-2537375**

**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				
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				
20 Drugs and medical supplies	X	1	697,606.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( _____ )				
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 IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not 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

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

Schedule M (Form 990) (2010)

**SCHEDULE O**  
(Form 990 or 990-EZ)

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 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

GLOBAL PARTNERS FOR DEVELOPMENT

Employer identification number  
94-2537375

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

GRANTING PROGRAMS: WATER AND SANITATION; EDUCATION; HEALTH; FARM

ANIMAL MANAGEMENT AND WOMEN'S ECONOMIC DEVELOPMENT. COMMUNITIES APPLY

FOR FUNDING IN SUPPORT OF THEIR SUSTAINABLE COMMUNITY DEVELOPMENT

PROJECTS. ALL PROJECTS REQUIRE A SIGNIFICANT FINANCIAL CONTRIBUTION TO

BE MADE BY THE COMMUNITY TO ENSURE COMMUNITY OWNERSHIP AND COMMITMENT

TO A SUCCESSFUL OUTCOME. SCHOLARSHIP: GLOBAL PARTNERS CURRENTLY

SUPPORTS OVER 300 GIRLS IN LOWER SECONDARY SCHOOLS, UPPER SECONDARY

SCHOOLS, TEACHERS TRAINING COLLEGES, NURSING COLLEGES, VOCATIONAL

TRAINING PROGRAMS, AND UNIVERSITIES. EDUCATIONAL TRAVEL: GLOBAL

PARTNERS SPONSORS TRAVEL FOR INDIVIDUALS WHO WANT FIRST HAND KNOWLEDGE

OF THE PROBLEMS FACED BY COMMUNITIES IN EAST AFRICA. CAPE: CAPE'S MAIN

OBJECTIVES ARE TO INCREASE THE NUMBER OF GIRLS ENROLLED AND ATTENDING

PRIMARY SCHOOL, INCREASE SELF-ESTEEM IN GIRL STUDENTS, AND IMPROVE

LEARNING FOR ALL STUDENTS IN CAPE SCHOOLS.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

AFRICA PARTNERS PROVIDES LEADERSHIP TRAINING AND PROGRAM MANAGEMENT TO

LOCAL COMMUNITIES, WHO THEMSELVES CONTRIBUTE PROJECT MANAGEMENT

RESOURCES, FUNDING, LABOR AND MATERIALS ENSURING FULL COMMITMENT TO

PROJECT SUCCESS. WE FUND PROJECTS THROUGH THE GENEROSITY OF AN

EXPANDING NETWORK OF DONORS WHO, AS MEMBERS OF THE GLOBAL COMMUNITY,

VALUE THE OPPORTUNITY TO MAKE A POSITIVE CONTRIBUTION WHILE DEVELOPING

A DIRECT RELATIONSHIP WITH THE PEOPLE/COMMUNITY BENEFITING FROM

PROJECTS THEY SPONSOR.

Name of the organization

GLOBAL PARTNERS FOR DEVELOPMENT

Employer identification number

94-2537375

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOLARSHIPS: A RURAL AFRICAN SCHOOLGIRL FACES MANY EDUCATIONAL CHALLENGES AS WELL AS COPIES WITH THE BURDEN OF HER RESPONSIBILITIES AT HOME. HER GRADUATION FROM SECONDARY SCHOOL IS A VICTORY IN THE FACE OF OVERWHELMING ODDS. TO SUPPORT THESE GIRLS AND HELP THEM REALIZE THEIR DREAMS, GLOBAL PARTNERS CREATED THE MARLENE ASSELL EDUCATION FUND. THE PROGRAM NOW INCLUDES UNIVERSITY, PRE-UNIVERSITY AND COLLEGE (NURSING, TEACHING, VOCATIONAL) AS WELL AS LOWER SECONDARY EDUCATION. WE ARE COMMITTED TO HELPING YOUNG WOMEN REALIZE THEIR FULL POTENTIAL.

EDUCATION: CONSTRUCTION AND REHABILITATION OF CLASSROOMS, SCHOOL EQUIPMENT (E.G. COMPUTERS, HOME ECONOMICS EQUIPMENT). BUILDING CLASSROOMS REDUCES CLASS SIZES, INCREASING ACCESS TO THE BASIC TOOLS AND SUPPLIES SO THAT STUDENTS HAVE A HIGHER SUCCESS RATE AND BRIGHTER FUTURE.

COMMUNITY ACTIVATION PROGRAMS IN EDUCATION (CAPE): CAPE'S MAIN OBJECTIVES ARE TO INCREASE THE NUMBER OF GIRLS ENROLLED AND ATTENDING PRIMARY SCHOOL, INCREASE SELF-ESTEEM IN GIRL STUDENTS, AND IMPROVE LEARNING FOR ALL STUDENTS IN CAPE SCHOOLS. AN ESTIMATED 40 MILLION GIRLS IN DEVELOPING COUNTRIES ARE NOT ATTENDING PRIMARY SCHOOL. EDUCATION OF GIRLS IS PROVEN TO HAVE A HIGHLY POSITIVE IMPACT ON THE GIRLS' LIVES AND ALSO SOCIETY AS A WHOLE. THIS INNOVATIVE APPROACH IS A FACILITATED PROCESS INVOLVING ALL STAKEHOLDERS: PRIMARY SCHOOLS' ADMINISTRATION AND TEACHERS, LOCAL LEADERS, PARENTS, STUDENTS AND LOCAL GOVERNMENT. WORKING TOGETHER, THEY DETERMINE PRIORITIES AND CONNECT WITH AVAILABLE LOCAL RESOURCES TO ACHIEVE THEIR GOAL.

Name of the organization

GLOBAL PARTNERS FOR DEVELOPMENT

Employer identification number

94-2537375

HEALTH: CONSTRUCTION AND REHABILITATION OF CLINICS & DISPENSARIES, SHIPPING MEDICAL EQUIPMENT, SUPPLIES AND PHARMACEUTICALS; NUTRITION PROGRAM. TO TAKE ADVANTAGE OF IMPROVEMENTS IN THEIR WAY OF LIFE, PEOPLE HAVE TO BE HEALTHY. WHAT GOOD ARE FARM ANIMALS OR WATER PROJECTS TO SICK AND DYING PEOPLE? THE DIFFERENCE IN PROVISION OF MEDICAL AND HEALTH CARE BETWEEN DEVELOPED AND DEVELOPING COUNTRIES CAN BE ENORMOUS. IN AFRICA CHILDREN SUFFERING FROM MALNUTRITION, MALARIA OR EASILY PREVENTED CHILDHOOD DISEASES NEED ALL THEIR STRENGTH JUST TO GET THROUGH THE DAY, AND WHEN THEY THRIVE, THEY LEARN AND GROW IN POTENTIAL JUST AS THEIR COUNTERPARTS AROUND THE WORLD. ACCESS TO BASIC MEDICAL CARE, PREVENTION, AND POSITIVE HEALTH PROMOTION IS A UNIVERSAL RIGHT, AND GLOBAL PARTNERS IS COMMITTED TO PROVIDING THE BEST SERVICES POSSIBLE SO THAT PEOPLE CAN HAVE LONGER, HEALTHIER, AND MORE PRODUCTIVE LIVES.

PARTNER DEVELOPMENT: TRAINING FOR AFRICA PARTNERS. THE KEY TO THE SUCCESS OF OUR PROJECTS IS THAT WE WORK DIRECTLY WITH LOCAL ORGANIZATIONS, SCHOOL DISTRICTS, COOPERATIVES, AND COMMUNITY GOVERNMENTS. PROGRAM PARTNERS ARE CRUCIAL FOR THE SUCCESS OF GLOBAL PARTNERS. BY OFFERING TRAINING AND SUPPORT TO THESE KEY PEOPLE WE DEVELOP A CORE OF EXPERIENCED MANAGERS AND TRAINERS WHO IN TURN GO ON TO TRAIN COMMUNITY GROUPS TO BE MORE EFFECTIVE IN THEIR USE OF RESOURCES AND BE BETTER AND MORE KNOWLEDGABLE ADVOCATES ABOUT ISSUES WHICH ARE VITAL FOR THEIR FUTURE.

WOMEN'S ECONOMIC DEVELOPMENT: SUPPORT ECONOMIC OPPORTUNITIES FOR WOMEN, BUSINESS TRAINING PROGRAMS. A QUIET REVOLUTION IS TAKING PLACE IN AFRICA. IN BOTH URBAN AND RURAL SETTINGS, WOMEN ARE BANDING TOGETHER TO

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

GLOBAL PARTNERS FOR DEVELOPMENT

Employer identification number

94-2537375

MEET THE CHALLENGE OF SUPPORTING THEMSELVES AND THEIR FAMILIES. THEY ARE LEARNING MARKETABLE SKILLS, CREATING BUSINESS START-UPS, KEEPING FARM ANIMALS, PROVIDING GROUP SUPPORT FOR CREDIT PROGRAMS, AND MUCH MORE. WITH STRENGTH IN NUMBERS, WOMEN'S COOPERATIVES LEAD THE WAY, ORGANIZING WOMEN TO OVERCOME COMMON OBSTACLES ON THEIR WAY TO PERSONAL, FAMILY, AND COMMUNITY ECONOMIC SELF-RELIANCE.

EXPENSES \$ 258,000. INCLUDING GRANTS OF \$ 106,304. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: PETER VERBISCAR BROWN, FORMER EXECUTIVE DIRECTOR, IS THE BROTHER-IN-LAW OF SUSAN URQUHART-BROWN, BOARD TREASURER.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR AND STAFF, WORKING WITH GLOBAL PARTNERS' ACCOUNTANTS, PREPARE THE FORM WHICH IS CIRCULATED TO ALL BOARD MEMBERS. THE BOARD DISCUSSES WITH THE EXECUTIVE DIRECTOR ANY ISSUES THEY MAY HAVE AND ASKS FOR HER ASSURANCES OF ITS ACCURACY.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON: A. HAS RECEIVED A COPY OF THE CONFLICT-OF-INTEREST POLICY, B. HAS READ AND UNDERSTANDS THE POLICY, C. HAS AGREED TO COMPLY WITH THE POLICY, AND D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15: GLOBAL PARTNERS UTILIZES A

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Name of the organization

GLOBAL PARTNERS FOR DEVELOPMENT

Employer identification number

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COMPENSATION COMMITTEE, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE  
BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE REASONABLENESS OF  
COMPENSATION OF INSIDERS, BY USING DOCUMENTATION OF WAGE STANDARDS PROVIDED  
BY ORGANIZATIONS WHICH COLLECT SUCH INFORMATION ABOUT NONPROFITS,  
INFORMATION FROM OTHER LOCAL NONPROFITS AND INDUSTRY STANDARDS.

FORM 990, PART VI, SECTION C, LINE 18: GLOBAL PARTNERS MAKES AVAILABLE  
FORM 990 FOR NO COST ON THE INTERNET AT THE WEBSITE OF THE FOUNDATION  
CENTER (HTTP://FOUNDATIONCENTER.ORG/). COPIES ARE AVAILABLE TO VISITORS AT  
THE OFFICE AND THOSE REQUESTING BY PHONE, FAX, MAIL, OR E-MAIL FOR A  
REASONABLE FEE (PREPAYMENT) FOR COPYING AND MAILING THE DOCUMENT.

FORM 990, PART VI, SECTION C, LINE 19: COPIES OF GLOBAL PARTNER'S  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
ARE AVAILABLE TO VISITORS AT THE OFFICE AND THOSE REQUESTING BY PHONE, FAX,  
MAIL, OR E-MAIL.

FORM 990, PART VII, LINE 1A

OFFICERS OF ORGANIZATION

CATHERINE KIRBY, IN HER ROLE AS EXECUTIVE DIRECTOR, SERVES AS BOTH THE  
TOP MANAGEMENT AND TOP FINANCIAL OFFICIAL OF THE ORGANIZATION.

FORM 990, PART XII, LINE 2C

OVERSIGHT & SELECTION OF INDEPENDENT ACCOUNTANT

THERE HAS BEEN NO CHANGE TO THE PROCESS OF OVERSIGHT BY THE AUDIT  
COMMITTEE DURING THE CURRENT YEAR. THERE ALSO HAS BEEN NO CHANGE TO THE  
PROCESS OF SELECTING AN INDEPENDENT ACCOUNTANT.

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

**Name of the organization**

GLOBAL PARTNERS FOR DEVELOPMENT

**Employer identification number**  
**94-2537375**

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- 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**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I 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*

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions.	<b>GLOBAL PARTNERS FOR DEVELOPMENT</b>	<b>94-2537375</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>320 PROFESSIONAL DRIVE, NO. 120</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROHNERT PARK, CA 94928</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CATHERINE KIRBY**

- The books are in the care of ► **320 PROFESSIONAL DRIVE, #120 - ROHNERT PARK, CA 94928**  
Telephone No. ► **707-588-0550** FAX No ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

NOVEMBER 15, 2011, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year \_\_\_\_\_ or►  tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>  <small>File by the extended due date for filing your return. See instructions</small>	Name of exempt organization  <b>GLOBAL PARTNERS FOR DEVELOPMENT</b>	Employer identification number  <b>94-2537375</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>320 PROFESSIONAL DRIVE, NO. 120</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>ROHNERT PARK, CA 94928</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**CATHERINE KIRBY**

- The books are in the care of ► **320 PROFESSIONAL DRIVE, #120 - ROHNERT PARK, CA 94928**
- Telephone No. ► **707-588-0550** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **FEBRUARY 15, 2012**
- 5 For calendar year , or other tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason.  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **CPA**

Date ►

Form 8868 (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box.

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

## Part II

**Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing your return. See instructions.	<b>Name of exempt organization</b>  <b>GLOBAL PARTNERS FOR DEVELOPMENT</b>	<b>Employer identification number</b>  <b>94-2537375</b>
	<b>Number, street, and room or suite no. If a P O box, see instructions.</b>  <b>320 PROFESSIONAL DRIVE, NO. 120</b>	
	<b>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</b>  <b>ROHNERT PARK, CA 94928</b>	

**Enter the Return code for the return that this application is for (file a separate application for each return)**

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

## CATHERINE KIRBY

<b>8a</b>	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.	<b>8a</b>	\$	<b>0.</b>
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c</b>	<b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► CPA

Date ► 10.13.11

Form 8868 (Rev. 1-2011)