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Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the	2016 calenda	ar year, or tax year beginning , 2016, and ending			, 20
В	Check if a	pplicable	C Name of organization	D Emp	loyer ident	ification number
	Address of	change	Global Change Project, Inc		47-4	206728
닏	Name cha	•	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Tele	phone num	
H	Initial retu		PO Box 683		202-8	327-5415
H	Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exemp	
Ħ		on pending	Boulder, CO 80306		nber ▶	N/A
G		ting Method:				ne organization is not
	Website		globalchangeproject org			n Schedule B
J 1	ax-exen		eck only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	•		Z, or 990-PF)
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other	(1 01111 0	,50, 550 E	2, 0, 000-117
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal accete		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	nai asseis	•	
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see ti		5	2060
_	arti					
	1		the organization used Schedule O to respond to any question in this Par		; ; ; ;	
	1		ons, gifts, grants, and similar amounts received		1 -	2060
	2		ervice revenue including government fees and contracts		2	0
	3		ip dues and assessments		3	0
	4	Investment			4	0
	5a		unt from sale of assets other than inventory 5a			
\	þ		or other basis and sales expenses	0	<u> </u>	
2017	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	0
وي	6		d fundraising events		3	
	а		ome from gaming (attach Schedule G if greater than)	
چّے		\$15,000) .	Oa j	0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
<u>=</u> 5	b	Gross inco	me from fundraising events (not including \$ 0 of contribut	ons		
æ			aising events reported on line 1) (attach Schedule G if the			
 !!!		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0	22 4	
Ž	С	Less: direc	t expenses from gaming and fundraising events 6c	0		
Z	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	1 *****	
SCANNEL Revenue		lıne 6c) .			6d	0
Ũ.	7a	Gross sales	s of inventory, less returns and allowances 7a	0		
	b		of goods sold RECEIVED	0	1 1	
	C	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other rever	nue (desejibe in Schedule O)		8	0
	9	Total rever	nue. Adgines 1, 2, 3, 4, 5c, 6d, 7q and 8		9	2060
	10	Grante and	cimilat antounte paid (list in Cohodutal ()		10	0
	11	Benefits na	aid to of for members		11	0
Ś		Salaries of	her compensation, and employee benefits		12	
Se	13		al fees and other payments to independent contractors		13	7834
Expenses	14		r, rent, utilities, and maintenance		14	1565
X	15		iblications, postage, and shipping	•		0
_	16				15	0
	17	Total expe	nses (describe in Schedule O)		16	3693
	18	Evenes of /	nses. Add lines 10 through 16		17	13092
ets	19		deficit) for the year (Subtract line 17 from line 9)		18	(11032)
SS	1.3		or fund balances at beginning of year (from line 27, column (A)) (must agir figure reported on prior year's return)		1.3	
ţ	00	•	- , ,		19	9887
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		20	1067
	21		or fund balances at end of year. Combine lines 18 through 20	<u></u> ▶	21	(78)
For	Paperv	vork Reducti	on Act Notice, see the separate instructions. Cat No 10642		F	orm 990-EZ (2016)

Pai						
	Gheck if the organization used Schedule	O to respond to ar				🗸
	•			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			9887		100
23	Land and buildings		· · · ·		23	0
24	Other assets (describe in Schedule O)				24	922
25	Total assets			9887		1022
26	Total liabilities (describe in Schedule O)	(D)	· · · · ·		26	1100
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom				27	(78)
r ar	Check if the organization used Schedule					Expenses
\M/hat		See Schedule O	iy question in this r	aitiii <u>▼</u>]		uired for section
Desc as m perso	ribe the organization's program service accomplisions are assured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each of anner, describe the ich program title	services provided	the number of		c)(3) and 501(c)(4) nizations, optional for rs)
28	Developed the online platform Map Your Voice Stopp		orldwide through and	onymous		
	assault reporting, survivor resources, and problem0s	solving data				
	(O	·			00-	1001
20	(Grants \$) If this amount	includes foreign gra	nts, check nere	<u> ▶ L</u>	28a	1994
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here .		29a	
30	(Grants 4) It this amount	includes loreigh gra	itts, check here .	· · · · <u> </u>	234	
50						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗇	30a	.]
31	Other program services (describe in Schedule O)					
			nts, check here .		31a	
32	Total program service expenses (add lines 28a				32	1994
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u>.</u>	<u> U</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation
Jeni	Ambrose					
Presi	dent	20	3917		0	0
Tat-E	oat Nguyen				- 1	
Treas	surer	20		1	- 1	^
Fred	Krupica		3917		0	0
Secre	piod		3917		0	0
		0	3917		0	0
Gail						0
	etary					
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0
	etary Rappaport	0	0		0	0

Part				
	instructions for Part v) Check if the organization used Schedule O to respond to any question in this	Part	۷ Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			_ •
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		V
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		√
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a		1 1	, , , , , ,	
ь 38а	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		ii.
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 1100	· 2.3	7	¥ 8 1 8
39	Section 50 I (c)(7) organizations. Enter:		100 h 15 200 h 15 h	1272
a			1975 20	A 45
ь 40а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:))))
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	10h		
С		40b	X-36-3	√
·	on organization managers or disqualified persons during the year under sections 4912,			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	w (C	\$ 3. \$ 2:	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	d. 20	
41	List the states with which a copy of this return is filed ► Colorado			
42a		202-82		5
h	***************************************	803	Yes	No
J	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	140
	If "Yes," enter the name of the foreign country: ► N/A	\$ 1.3		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	* * * * * * * * * * * * * * * * * * * *	** 4. ** **	* \$ 3 2
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: N/A	42c	a diper su	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			> []
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization engage in any significant activity not prewously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization lined a Form 990-T for the year? If "No," provide an explanation in Schedule 0. 34 Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A Did the organization the Form 120-POL for this year? Did the organization to fire form 120-POL for this year? Did the organization to fire form 120-POL for this year? Did the organization to fire form 120-POL for this year? Did the organization to fire form 120-POL for this year? Did the organization to fire form 130-POL for this year? Did the organization to fire form 130-POL for this year? Did the organization to fire form 130-POL for this year? If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization during the year under section 4911 P o; section 4912 P o; section 4912 P o; section 4955 P o; section 4951 P o; section		.3.1	√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	. 363.5	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		7

46 [Did the organization engage, directly or in	ndirectly, in political c	ampaign activities or	n behalf of or in	oppositio	n 🗔	Yes	No
t	o candidates for public office? If "Yes," of	complete Schedule C	, Part I			46		1
Part V	All section 501(c)(3) organization 50 and 51.	s must answer que			olete the	tables f	or lin	es
	Check if the organization used Sci	nedule O to respond	to any question in	this Part VI .	<u> </u>	·_ ·	Yes	No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election		-	1X 47		1
49a [b 50 (s the organization a school as described in Did the organization make any transfers to f "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	o an exempt non-cha ection 527 organization five highest compen	uritable related organi on? sated employees (otl	zation? 	 s, director	48 49a 49b s, truste enter "N	es, an	d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ber contributions to e benefit plans, and compensat	employee (a deferred	e) Estimate other cor		
						<u>.</u>		
51 (Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orgation (a) Name and business address of each independent	s five highest compounization. If there is no	ensated independen			received		e than
								
								
52 [Total number of other independent contraction to the organization complete Scheducompleted Schedule A			. ► anizations mus		a ►	. n	No
Under per true, corre	nalties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other than	return, including accompan n officer) is based on all info	ying schedules and statem ormation of which preparer	nents, and to the bear has any knowledge	st of my know			, it is
Sion				D-A-				
Sign Here	Jeni Ambrose, President Type or print name and title			Date (3-2	-17		
 Paid	Print/Type preparer's name	Preparer's signature		ate	Check I if	PTIN		
Prepa		Melanie M. Sw	ift c	8/01/2017	self-employe		14646	01
Use O		#13 Orlanda El 200	37	Firm's I		20-127 407-857		
May the	Firm's address ► 2151 Consulate Drive RIRS discuss this return with the prepared				▶		9002	No
						Form 99		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization					Employer identification	number			
Global Change Project, Inc	<u></u>				47-420				
Part I Reason for Public Cha						ns.			
The organization is not a private found		,	-	•	,				
1 A church, convention of church									
2 A school described in section		· ·			• •				
3 A hospital or a cooperative ho									
4 A medical research organization hospital's name, city, and star	te.					·			
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in			
 A federal, state, or local gove An organization that normally described in section 170(b)(1 	receives a subs	stantial part of its sup				the general public			
8 A community trust described	ın section 170(b)(1)(A)(vi). (Complete I	Part II.)						
9 An agricultural research organ or university or a non-land-gra university:	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization.	d to its exempt fu nt income and un	ınctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less se	and (2) no more that ection 511 tax) from	า 33¹/₃% of its			
11 An organization organized and	d operated exclu	sively to test for public	c safety.	See sect i	on 509(a)(4).				
12 An organization organized and									
of one or more publicly supp Check the box in lines 12a thr									
a Type I. A supporting orga the supported organizatio supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t					
b Type II. A supporting organization(s). You must	the supporting of	organization vested in	the same						
c Type III functionally integrates supported organization	grated. A suppor	ting organization oper	rated in c			ally integrated with,			
d Type III non-functionally		•		-	• •	orted organization(s)			
that is not functionally inter requirement (see instruction	grated. The orga	inization generally mu	st satisfy	a distribu	ition requirement an				
e Check this box if the orga functionally integrated, or						e II, Type III			
f Enter the number of supported									
g Provide the following information	n about the supp	ported organization(s).			····				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes	No					
(A)									
(B)									
(C)									
(D)									
(E)									
Total	 	% on 6 08 on	1 3 / 3	7,3					

instructions

Part II

(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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts. grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 13699 2060 15759 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . 13699 2060 15759 The portion of total contributions by each (other person than governmental unit supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4 15759 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 0 0 13699 2060 15759 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 Total support. Add lines 7 through 10 11 15759 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2015 Schedule A, Part II, line 14 15 15 % 16a 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . , 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

chedul	e A (Form 990 or 990-EZ) 2016				_		Page 3
Part	Support Schedule for Organiza	tions Desci	ribed in Secti	on 509(a)(2)			
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	ests listed belo	ow, please c	omplete Part	II.)	
	on A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise				<u></u>		
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· · · · · · · · · · · · · · · · · · ·	. 			ļ <u>.</u>		
8	Add lines 7a and 7b						
Secti	on B. Total Support		1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	*****		W8-W. 3-1	
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		1				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	. <u> </u>					
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourt	h, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re <u>.</u>					▶ 🗀
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8						%
16	Public support percentage from 2015 Sch			<u></u>	<u> </u>	. 16	%
	on D. Computation of Investment In		***				
17	Investment income percentage for 2016 (• •	•			<u>%</u>
18	Investment income percentage from 2015						% and line
19a	331/3% support tests—2016. If the organ 17 is not more than 331/3%, check this box						

b 331/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? It "Yes," provide detail in **Part VI.**
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 73 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- C Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part l	V Supporting Organizations (continued)			
			Yes	No
11 ,	Has the organization accepted a gift or contribution from any of the following persons?	,		. 2 4:3 . 2 2.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		-a	
b	A family member of a person described in (a) above?	11a 11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
.,			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	,	٠,,	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	,		1
	controlled the organization's activities. If the organization had more than one supported organization,	. J		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	. : : : : : : : : : : : : : : : : : : :		
2	Did the organization operate for the benefit of any supported organization other than the supported	*		4 24
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	* 3	5.22 B	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
041	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	NI-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	.5	res	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	, Pale		
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s).	1_	Ĭ	
<u>Section</u>	on D. All Type III Supporting Organizations			
		- ,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		14	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	ks
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	8.0	# # . A .
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1, 3	\$ \$ Z
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ger oder	# ³	2 × 2 × × 6
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	100 200 1	ļ.,,
3	By reason of the relationship described in (2), did the organization's supported organizations have a	· 5	1,33	: # % 1
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	, ,	A 3848	
	supported organizations played in this regard	3	\ \	# 37 % ;
Section	on E. Type III Functionally Integrated Supporting Organizations		1	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s)
a	The organization satisfied the Activities Test. Complete line 2 below.	701.4		٠,,
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
2	., .,	wii.	163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	X. **	2.3	- % · s
	that these activities constituted substantially all of its activities.	2a		7
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		Mi.	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	فأقملا	
3	Parent of Supported Organizations. Answer (a) and (b) below.	\$ A	24.	\$1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	r i	1	
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		***
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	# <u></u>		
	of its supported examinations? If "Von" describe in Part VI the role played by the examination in this regard	3h	1	I

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	, , , , , , , , , , , , , , , , , , ,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	<u></u>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		<u> </u>
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		<u> </u>
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supportin	g organization (see
instructions).	-		- - ,

Part	<u> </u>	3) Supporting Organ	izations (continued)	
Secti	on D [.] - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	·		
6	Other distributions (describe in Part VI). See instructions.	***************************************		*
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	Sponsive	
-	(provide details in Part VI). See instructions.	ar the organization is rec	Sporisive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		1 1 Sanda V	
-				[]
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2016:		" "	
a	Excess distributions carryover, if any, to 2010.			
b				
C	From 2013			
d	From 2014			* * · · · · · · · · · · · · · · · · · ·
e	From 2015			
f	Total of lines 3a through e	\$\$\$. \$\$ &		
g	Applied to underdistributions of prior years	.228 2 3		
h	Applied to 2016 distributions of prior years Applied to 2016 distributable amount		X ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
<u>''</u>	Carryover from 2011 not applied (see instructions)	·		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
7	Section D, line 7:			** * *k. 400 (m. p. i
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			728.32.3 (1.77.2)
C	Remainder. Subtract lines 4a and 4b from 4.			. 52 88 84 88 8 8 8 8 8
5		\$\$\$:** * \	.7 317 607	
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6				<u>. 48 6 4 ×</u>
O	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j		# \$ \frac{1}{2} \text	The second secon
•	and 4c.			
8	Breakdown of line 7:			
a	· · · · · · · · · · · · · · · · · · ·			
b	Excess from 2013			
c	Excess from 2014	*************************************		
ď	Excess from 2015			
e				
<u> </u>	LACCOS II UIII 2010		* 1944 #\$1.2 \$, \$ \$ 48	74 3 mm, 25 18 18 18 18 18 18 18 18 18 18 18 18 18

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Global Change Project, Inc									47-4206728				
Part Excess Bend	efit Transaction	ns (section 501	(c)(3),	section :	501(c)(4), a	nd 50	1(c)(29) organiza a or 25b, or For	ations	onlv)			40h	
- Complete ii t		(b) Relationship be				1116 25	a 01 250, 01 F01	111 990)- <u>LZ</u> ,	ган	V, III IE		rected?
 (a) Name of disqualifier 	d person		organiz		person and		(c) Description	of tran	saction	1		Yes	No
(1)					·····							res	NO
(2)													
(3)									-				
(4)													
(5)													
(6)													
2 Enter the amount under section 495		by the organ		-	•	•	ed persons du	ring th	ne ye l	ar • s	.		
3 Enter the amount	of tax, if any, on	line 2, above,	reımb	oursed by	the organ	ızatior	n		1	▶ \$	<u> </u>		
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(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or om the	(e) Ongii		(f) Balance due	(g) In d	efault?		proved		ritten ment?
	with Organization	loan	1	inization?	principal an	nount		•			oard or nittee?	agree	ment?
			To	From	}			Yes	No	Yes	No	Yes	No
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	ssistance Bene the organization				0, Part IV, I	ıne 27							
(a) Name of interested person		ship between inter		(c) Amount	of assistance	(d) Type of assistanc	e	(e)) Purpo	ose of a	ssistar	ice
(1)	person	and the organization	on .			 							
(2)													
(3)													
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For Paperwork Reduction	Act Notice, see t	ne Instructions	for Fo	rm 990 or	990-F7	Ca	t No. 50056A	Schee	dule L	(Form	990 or	990-E	Z) 2016

•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı	anng o zation': nues?
					Yes	No
1)						↓—
2) 3)						┼─
1)						+-
5)						
6)						
7) 0\						 —
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art V	Supplemental Information				- 1	
	Provide additional informatio	n for responses to questions	on Schedule L (see	instructions)		
		***************************************		***************************************		
•		±20-77888844				

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2016 Open to Public

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

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number Global Change Project, Inc. 47-4206728 PART I, LINE 16 Bank Fees- 208 Employer Payroll Taxes- 3047 Website- 179 USPTO Fees- 250 PART I, LINE 20 Unrecorded Income- 1067 PART II, LINE 24B PART II, LINE 26B PART III, PRIMARY EXEMPT PURPOSE Global Change Project is an innovative advocacy organization dedicated to implementing high-impact campaigns that catalyze positive change on multiple fronts to turn the tide on the global epidemic of sexual violence. As a strategically-focused organization, Global Change Project pursues pin-pointed, eloquently-designed project solutions that have a compounding influence -- just as a stone dropped into a

pond triggers ripples in all directions. Our timely and trackable campaigns, programs, and philanthropic products are based in strategic

partnerships and local/international coalition building. We harness the power of cutting-edge multi-media communication, design, and

technology along with the viral potential of global social media networks, to confront the pandemic crisis of sexual violence in formidable