Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

<b>20</b> 1	<b> 7</b>
Open to Public I	nspect

			1, 2017		DEC 31, 2017	Open to Public Inspection
		ndar year 2017 or tax year beginning SEF f foundation	1, 2017	, and ending	A Employer identification	numher
Na	110 0	Todildation			Linployer identification	Hamber
_G	LO	BAL ALTRUISM FOUNDATION	Ī		82-2683653	
Nur	nber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_1	04	4 MAIN STREET		600	816-896-41	77
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is po	ending, check here
K	AN	SAS CITY, MO 64105				
G (	heck	call that apply:	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		2. Foreign organizations me	eting the 85% test.
<del></del>		Address change	Name change		Foreign organizations me check here and attach col	mputation
H (	_	x type of organization: X Section 501(c)(3) ex		<i>M</i>	E If private foundation stat	
<u> </u>		ection 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year  J Account	Other taxable private foundaring method: X Cash	Accrual	under section 507(b)(1)	
		· I —	ther (specify)	Acciual	F If the foundation is in a 6 under section 507(b)(1)	
	\$		nn (d) must be on cash basis	5.)		(D), Check here
	irt l	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	17,975.			
	2	Check if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
_	4	Dividends and interest from securities				
	١	Gross rents				
	D	· · · · · · · · · · · · · · · · · · ·				
Ē	ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	DECEN	(CD)		
Revenue	7	assets on line 6a  Capital gain net income (from Part IV, line 2)	RECEIN	/ED 0.		
æ	8	Net short-term capital gain	0	S S		
	9	Income modifications	DEC 3 0	<del>2019                                      </del>		
	10a	Gross sales less returns and allowances		<u>`</u>		
	١.	Less Cost of goods sold	OGDEN	. UT		
	C	Gross profit or (loss)	L			
	11	Other income		· · · · · · · · · · · · · · · · · · ·		
	12	Total. Add lines 1 through 11	17,975.	0.	0.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages				<del></del>
es	15	Pension plans, employee benefits Legal fees				<u> </u>
ens		Accounting fees				
Š		Other professional fees STMT 1	20.	0.	0.	0.
and.Agministrative Expenses	17	Interest				
rati	18	Taxes				
ņist	19	Depreciation and depletion				
	20	Occupancy				
× ×	21	Travel, conferences, and meetings		<del></del>		
(E	22	Printing and publications	585.	0.	0.	585.
ting	23	Other expenses STMT 2	4,807.	0.	0.	0.
erat	24	Total operating and administrative	E 412	0.	0.	FOF
<i>l</i> Operating á	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	5, <u>412</u> . 9,892.	<u> </u>		<u>585.</u> 9,892.
<i>?</i>		Total expenses and disbursements	3,034.			3,034.
٠ م	20	Add lines 24 and 25	15,304.	0.	0.	10,477.
) <del></del>	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	2,671.			·
		Net investment income (if negative, enter -0-)		0.		
	C	Adjusted net income (if negative, enter -0-)			0.	······

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

723511 01-03-18

Add lines 1, 2, and 3

2,671

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and describe	the kind(s	s) of property sold (for exar or common stock, 200 shs	nple, real est		(b)	How ac	cquired hase	(c) Date a	acquired	(d) Date sold (mo., day, yr.)
	arenouse,	UI COMMINION SLOCK, 200 SNS	. IVILO CO.)		D	- Don	ation	(1110-, 01	ay, yi.)	(1110., day, yr.)
b NO	NE	<u> </u>					-			
	NE				$\vdash$					
<u>d</u>										
e										
(e) Gross sales price	(f) <sup>[</sup>	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (	
<u>a</u>										
<u>b</u>										
<u>C</u>										-
<u>d</u>	<u> </u>									
Complete only for assets shown	l na nain in	column (h) and owned by t	he foundatio	n on 12/31/69			,11	Milaine III	ol. (h) gaın	minue
(i) FMV as of 12/31/69	<del>,                                     </del>	(j) Adjusted basis as of 12/31/69	(k) E	xcess of col. (i)				. (k). but n	ot less thar (from col. (I	-0-) or
a										
p								**********		
C	İ									
d										
<u>e</u>	<u> </u>						Y			
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 27	}	2				
3 Net short-term capital gain or (lo: If gain, also enter in Part I, line 8,		ned in sections 1222(5) and			Ĵ					
If (loss), enter -0- in Part I, line 8						3_	L			
		ection 4940(e) for					nent Inc	ome		
(For optional use by domestic private	e foundation	ons subject to the section 4	940(a) tax oi	n net investment in	come	G.)				N/A
If section 4940(d)(2) applies, leave t	his part bl	ank.								
				m 4h - h						
Was the foundation liable for the sec If "Yes," the foundation doesn't quali					100 -					└── Yes └── No
Enter the appropriate amount in					ntrioc	).		<del></del>		<del>-</del>
(a) Base period years		(b)			(c)				Dietub	(d)
Calendar year (or tax year beginni	ng in)	Adjusted qualifying dist	ributions	Net value of no			use assets		Distrib col. (b) divi(	ùtión ratio ded by col. (c))
2016		18								
2015										
2014				-			<u> </u>			
2013									_	
2012	t							+ 1	-	
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-vear bas	se period - divide the total o	n line 2 by 5.	0. or by the numbe	er of s	vears		-	-	
the foundation has been in existe				o, o. o,oao.		, 50. 5		3		
		•								<del>.</del>
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5						4				
5 Multiply line 4 by line 3								5		
6 Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6		
7 Add lines 5 and 6								7		
8 Enter qualifying distributions from	n Part XII,	line 4						8_		
If line 8 is equal to or greater than See the Part VI instructions.	line 7, ch	eck the box in Part VI, line	1b, and comp	olete that part using	g a 1°	% tax r	ate.			

	n 990-PF (2017) GLOBAL ALTRUISM FOUNDATION 82 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	2-268 <b>8 - see</b>	3653 instru	ctio	Page 4
10	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				+{
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
t		1			<u>0.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				
2		2			<u>0.</u>
3		3			0.
4		4			0.
5	· · · · · · · · · · · · · · · · · · ·	5			<u> </u>
6	Credits/Payments:				1
	2017 estimated tax payments and 2016 overpayment credited to 2017  6a  0 •				ı
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)  6c  0.				
_	Backup withholding erroneously withheld  6d  0.	_   <b>-</b> -			
7		7			0.
8	——————————————————————————————————————	B			0.
9	· · · · · · · · · · · · · · · · · · ·	9			0.
10	to the contract of the contrac	0			
11		1			
	rt VII-A Statements Regarding Activities			V	Na
10	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?		1a		X
0	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	n	1b		<u> X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			į	!
	distributed by the foundation in connection with the activities.			-	= 5
	Did the foundation file Form 1120-POL for this year?		1c		<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .				· ·
0	Entor the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		٠- ا	~-	
	managers. ▶ \$		-	-	<del>-</del>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u> </u>
	If "Yes," attach a detailed description of the activities.				,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				_ <del>-</del>
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution; or substantial contraction during the year?		5		<u> X</u>
_	If "Yes," attach the statement required by General Instruction T.				1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1
	By language in the governing instrument, or				İ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1	~		
	remain in the governing instrument?		6		<u>X</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	_	X
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				•
_	<u></u>				•
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		-	<b>.</b> .	'
	of each state as required by General Instruction G? If "No," attach explanation	N/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calenda	r			1 0
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		9		<u>x</u> 0
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their marnes and addresses		10		X
		F	orm <b>990</b>	-PF	(2017)

723531 01-03-18

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

			I .		
2	Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
	NONE				
	· · · · · · · · · · · · · · · · · · ·	7			
		1			
_					
_		1			
_			-		
_		┨			
_					
_		-			
_				<del></del>	<u> </u>
<u>T</u>	otal number of other employees paid over \$50,000				(

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	0.
b	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	0.
e		,	
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets Subtract line 1 from line 3. Enter here and on Part V, line 1	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here  and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		`
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-	40 455
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	10,477.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	10 455
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	10,477.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
^	income. Enter 1% of Part I, line 27b	5	10 477
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,477.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	juanities for th	e section

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2017		***		
a Enter amount for 2016 only			0.	:
<b>b</b> Total for prior years:				
a Evene distributions correspond to 2017:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				1
<b>b</b> From 2013				,
c From 2014				,
d From 2015				
e From 2016				·
f Total of lines 3a through e	0.	_		
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 10,477.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		•		•
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	10,477.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	, -			•
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,477.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		,
d Subtract line 6c from line 6b. Taxable			-	
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must		i		
be distributed in 2018				0.
7 Amounts treated as distributions out of				,
corpus to satisfy requirements imposed by				•
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				1
Subtract lines 7 and 8 from line 6a	10,477.			
O Analysis of line 9:				
a Excess from 2013				1
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				i
e Excess from 2017 10,477.				1

723581 01-03-18

Form 990-PF (2017). GLOBAL	ALTRUISM FO	UNDATION		82-26	83653 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			• /
foundation, and the ruling is effective fo	or 2017, enter the date of t	he ruling	•		
<b>b</b> Check box to indicate whether the foun	dation is a private operatin	g foundation described	in section	4942(j)(3) or 49	42(ı)(ぢ)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	(2) 20	(5) 20 10	(0) 20 10	(4)2511	(0) 10101
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		<u> </u>			
d Amounts included in line 2c not					
used directly for active conduct of	`				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		·		-	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	_		/		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	:				
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
· · · · · · · · · · · · · · · · · · ·					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public	/				
and 5 or more exempt organizations as provided in	/				
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	/				
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t			N/A		
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	-	han 2%, of the total con-	tributions received by the	foundation before the clos	e of any tay
year (but only if they have contributed n			and didn't received by the	Touridation before the clos	oc or any tax
, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	(-)(-),			
h	400/		/		
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large portion	on of the ownership of a pa	irtnersnip or
outer orange or which the foundation ha	o a 1070 or groater inteles	••			
<del></del>					<del> · · · · · · · · · · · · · · · · · · </del>
2 Information Regarding Contribut				`	
Check here ► X if the foundation of					ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other condi	tions, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	ber or email address of the	e person to whom apple	cations should be addres	sed:	
b The form in which applications should b	e submitted and informati	on and materials they s	hould include:		·
		•			
c Any submission deadlines:					
,					
d Any restrictions or limitations on awards	s such as by geographica	Largas, charitable fielde	kinds of institutions, or o	other factors:	
2 rang reservations of inflittations of award	o, outlines by goograpilloa	, arodo, oridinable licius,	miles of montations, Of t	omor idottio.	
<del></del>			<del>.</del>		

Form 990-PF (2017) GLOBAL ALTRUISM FOUNDATION Page 11 82-2683653 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of recipient Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year POSADAS PASEO DE LA REFORMA NONE ( BENEFIT FUND THAT WILL 155 MEXICO, D.F. 11000 MEXICO HELP EMPLOYEES WITH MEXICO MEDICAL AND HOUSING 9,892, (

Total		<b>▶</b> 3a	9.892.
b Approved for future payment			
	1		
NONE			

Total ▶ 3b

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)		
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
a							
b	<u> </u>	<u> </u>			-		
		<del></del> ·					
			+				
d			+				
e	<del></del>		<del> </del>				
g Fees and contracts from government agencies	<del></del>		<del> </del>				
2 Membership dues and assessments			<del>                                     </del>				
-	<del></del>		┼		_		
3 Interest on savings and temporary cash							
investments	-	<u>-</u>	<u> </u>				
4 Dividends and interest from securities			<del>  -</del>				
5 Net rental income or (loss) from real estate:	<u> </u>		_				
a Debt-financed property			<u> </u>				
b Not debt-financed property			<u> </u>				
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other		-					
than inventory							
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
	1 1		İ				
	I I		1		<del></del>		
<u> </u>	1	· · · · · · · · · · · · · · · · · · ·			<del></del>		
d		<del>.</del>	<del> </del>				
e			<del> </del>				
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u>L</u>		0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	0.		
(See worksheet in line 13 instructions to verify calculations.)					·		
Part XVI-B Relationship of Activities t	the Accor	nplishment of Ex	kemp	t Purposes			
Line No. Explain below how each activity for which inco			contrib	outed importantly to the accom	nplishment of		
▼ the foundation's exempt purposes (other than	by providing fund	ls for such purposes).					
	_						
	-						
	<del>-</del>				<del></del>		
		•					
		-		<del></del>	<del></del> .		
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Paid Preparer Use Only  Firm's address ► 400 SW LONGVIEW BLVD. STE 270 LEE'S SUMMIT, MO 64081  self- employed  P00225766  Firm's EIN ► 81-0921839  Phone no. 816-501-5115			· · · · · · · · · · · · · · · · · · ·	Drangraria a		<del></del>	Check I if DTIM			
Paid Preparer Use Only  Firm's name ► SOLTYS & CLARK, CPA LLC  Firm's address ► 400 SW LONGVIEW BLVD. STE 270  LEE'S SUMMIT, MO 64081  P00225766  Firm's EIN ► 81-0921839			Trillo Type pachater's Ha	riepaiel S SI			<u> </u>			
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#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

GLOBAL ALTRUISM FOUNDATION

**Employer identification number** 

82-2683653

Organiz	ation type (check or	Organization type (check one).					
Filers o	f:	Section:					
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter hi purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., iplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
but it mi	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)	•	Page 2
Name of or		**	Employer identification number
GLOBA	L ALTRUISM FOUNDATION		82-2683653
Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
1	BERRY F LAWS III  1044 MAIN STREET #600  KANSAS CITY, MO 64105	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
			Paran -

Payroll Noncash (Complete Part II for noncash contributions.) Name of organization

**Employer identification number** 

### GLOBAL ALTRUISM FOUNDATION

82-2683653

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	) 100 900-E7 or 900-BE) (2017)

Name of orga	anization	<del></del>		Employer identification number	
GLOBAL Part III	ALTRUISM FOUNDATION  Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the fo	llowing line entry. For organiz	zations	
	Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,00 al space is needed	or less for the year (that this inti		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held	
				· · · · · · · · · · · · · · · · · · ·	
Transferee's name, address, and		(e) Transfer of		transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held	
		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held	
		(a) Transfer of	nift		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee	
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held	
		(e) Transfer of	gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

FORM 990-PF	THER PROFESSIONAL FEES		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	20.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	20.	0.	0.	0.
FORM 990-PF	OTHER E	XPENSES		PATEMENT 2
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOME	
				PURPOSES
BANK FEES ADVERTISING WEBSITE AND APPS MISCELLANEOUS	169. 2,800. 1,388. 450.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0.