DLN: 93493064007110 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable Partners Worldwide □ Address change 38-3293173 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 6139 Tahoe Drive SE ☐ Amended return ☐ Application pending (616) 818-4910 City or town, state or province, country, and ZIP or foreign postal code Grand Rapids, MI 495467126 G Gross receipts \$ 5,164,552 Name and address of principal officer H(a) Is this a group return for Doug Seebeck ☐Yes **☑**No subordinates? 6139 Tahoe Drive SE H(b) Are all subordinates Grand Rapids, MI 495467126 ☐Yes ☐No ıncluded? 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www partnersworldwide org L Year of formation 1997 M State of legal domicile MI K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Creating global partnerships focused on business growth and job creation Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 14 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) 6 208 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 5,082,861 4,813,659 Ravenua 130,878 9 Program service revenue (Part VIII, line 2g) . 110,146 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 279,917 219,491 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 605 524 5,473,529 5,164,552 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,491,850 1,400,370 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,205,478 2,228,712 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶578,145 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,606,195 1,587,606 5,303,523 5,216,688 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 170,006 -52,136 Net Assets or Fund Balances Beginning of Current Year End of Year 14,773,732 14,563,202 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,297,924 1,311,424 22 Net assets or fund balances Subtract line 21 from line 20 . 13,265,278 13,462,308 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 2020-03-04 Signature of officer Sign Here Doug Seebeck President/CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01486965 Paid self-employed Firm's EIN > 36-3990892 Preparer Use Only Firm's address ▶ 9511 Angola Court Suite 221 Phone no (317) 885-2620 Indianapolis, IN 46268 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

| Form | 990 (2018) | | | | | Page 2 |
|---|-------------------------------------|----------------------------|-----------------|--------------------------|-------------------------|---------------|
| If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot expenses, and revenue, if any, for each program service reported | | | | | | |
| Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | 🗆 | | | | |
| Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | | | | | |
| Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | rowth and job creation which transf | form the lives of all | | | | |
| 2 | Did the organizati | on undertake any significa | nt program ser | vices during the year wh | ıch were not listed on | |
| | the prior Form 99 | 0 or 990-EZ? | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe | these new services on Sch | edule O | | | |
| 3 | Did the organizati | on cease conducting, or m | ake sıgnıfıcant | changes in how it condu | cts, any program | |
| | | | | | | ☐ Yes 🗹 No |
| 4 | Section 501(c)(3) | and 501(c)(4) organizatio | ns are required | to report the amount of | | |
| 4a | (Code |) (Expenses \$ | 4,086,306 | including grants of \$ | 1,400,370) (Revenue \$ | 131,402) |
| | See Additional Data | | | | | |
| | | | | | | |
| Check if Schedule O contains a response or 1 Briefly describe the organization's mission Connecting business and professional people in global par involved 2 Did the organization undertake any significant prog the prior Form 990 or 990-EZ? | | including grants of \$ |) (Revenue \$ |) | | |
| | | | | | | |
| Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | \/Revenue \$ |) | | | | |
| | | / (Expenses 4 | | morating grants of \$ |) (Noterial 4 | , |
| If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 4,086,306 including grants of \$ 1,400,370) (Revenue \$ See Additional Data (Code) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | |
| | | | | | | |
| 4d | | • | • | 4 |) (Dayanya d | ` |
| | (Expenses \$ | | uding grants of | · |) (Revenue \$ |) |
| 4e | Total program s | ervice expenses > | 4,086,3 | 06 | | |

| Form | 990 (2018) | | | Page 3 |
|------|---|-----|-----|---------------|
| Par | tIV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | 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 | 4 | | No |
| 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 | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 2 | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 | 10 | | No |
| 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 | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| | 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 🕏 | 11b | Yes | |
| | 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 🥞 | 11c | Yes | |
| | 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 🐕 | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | | No |
| 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 | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2 | 12a | | No |
| | 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 and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| Ь | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 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(see instructions) | 17 | | No |
| 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 | 18 | | No |
| 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 | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| ь | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| ١ | | 200 | | |

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21

22

No

Nο

29

30

37

Part V

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Nο and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23

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 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

24b 24c Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

 $\overline{\mathbf{v}}$

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No

Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 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?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🥦

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

24d 25a 25b

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

18

0

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

26

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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|---|--|---------|-----------|-------------|----------|----|---------|---------------|
| Pai | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched | lule O | See ınst | ructions | | | onse to | lines ✓ |
| Se | ction A. Governing Body and Management | | | | | | | |
| | | | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | | 14 | | | |
| Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | | | 14 | | | |
| 2 | | | | with any | other | 2 | Yes | |
| 3 | | | | dırect sup | ervision | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the | prior I | orm 990 |) was filed | d? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organ | nızatıo | n's asset | :s? . | | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power members of the governing body? | | | | r more | 7a | | No |
| ь | Are any governance decisions of the organization reserved to (or subject to approval by) |) mem | bers, sto | ckholders | , or | 7b | | No |

| | 14 | | | |
|----|---|------------|-----|----|
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |

| | officer, director, trustee, or key employee? | 2 | Yes | |
|--|--|---------------------------------------|-------------------|----------|
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| 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 | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | e.) | |
| | | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | No No |
| | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | |
| Ь | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | Yes | |
| b 11a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | 10b | | |
| b 11a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | |
| b 11a b 12a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 10b 11a | Yes | |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | 10b 11a 12a | Yes | |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in | 10b 11a 12a 12b | Yes Yes Yes | |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 10b 11a 12a 12b 12c | Yes Yes Yes | |
| b 11a b 12a b c | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? | 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes | |
| b 11a b 12a b c 13 14 | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent | 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes | |

| 6 | Did the organization have members or stockholders? | 6 | | No |
|-----|--|------------|-----|----|
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| 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 | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| Ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| Ь | Other officers or key employees of the organization | 15b | Yes | |
| | 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? | 16a | Yes | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | Yes | |
| Se | ction C. Disclosure | | | |
| | | | | |

| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | e.) | |
|------------|--|--------|-----|----|
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | |
| .3 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| L4 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| L 5 | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| L6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | ., | |
| _ | | 16b | Yes | |
| | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ MI | | | |
| 10 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s | | | |

| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
|-----|--|-----|-----|--|
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| Ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | 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? | 16a | Yes | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | Yes | |
| Se | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed ► MI | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |
| | | | | |

| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
|-----|--|-----|----------------|-------|
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | 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? | 16a | Yes | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | Yes | |
| Se | ction C. Disclosure | | <u> </u> | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ MI | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ▶Linda Cahoon 6139 Tahoe Drive SE Grand Rapids, MI 495467126 (616) 818-4910 | | | |
| | | F | orm 990 | (2018 |

Part VII

(11) Heather Clemens

(12) Anton Donkers

(13) Kim Dooyema

(14) Hessel Kiestra

(15) Doug Seebeck

(16) Christine Albertini

COO/Secretary (part year)

CFO/Treasurer (part year)

President/CEO

(17) Ed Bueche

Director

Director

Director

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

- year
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

| organization, more than \$10,000 of reportable co | mpensation fro | m the | organ | ızatı | ion a | and ar | ıy re | elated organization | S | |
|--|---|-----------------------------------|--------------------------|----------------------------|-----------------------|------------------------------|-----------|---|--|---|
| List persons in the following order individual trus compensated employees, and former such persoi | | rs, ınstı | itutioi | nal t | rust | ees, d | office | ers, key employees | s, highest | |
| Check this box if neither the organization no | | ganızat | ion c | omp | ens | ated a | ny d | current officer, dire | ctor, or trustee | |
| (A) Name and Title | (B) Average hours per week (list any hours | Position that pers | on (do an on on is | (C) not e bo both | t che x, u n an | | ore er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (1) Sandy Johnson Board Chair | 5 00 | × | | × | | | | 0 | 0 | 0 |
| (2) Ian Clemens Director, Vice President | 2 00 | × | | × | | | | 0 | 0 | 0 |
| (3) Jennifer Pettie Director, Treasurer | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (4) Eric Van Vugt Director, Secretary | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (5) France Allen Director | 2 00 | × | | | | | | 0 | 0 | 0 |
| (6) Julius Medenblik | 2 00 | | | | | | | | | |

| Director, Vice President | | _ ^ | ^ | | | 5 | o l |
|--|------|-----|---|--|---|---|-----|
| (3) Jennifer Pettie Director, Treasurer | 2 00 | х | х | | 0 | 0 | 0 |
| (4) Eric Van Vugt Director, Secretary | 2 00 | × | × | | 0 | 0 | 0 |
| (5) France Allen | 2 00 | x | | | 0 | 0 | 0 |
| Director | | | | | | | |
| (6) Julius Medenblik | 2 00 | × | | | 0 | O | 0 |
| Director | | '` | | |] | | |
| (7) Dr Ruth Waweru | 2 00 | х | | | 0 | 0 | 0 |
| Director | | " | | | ľ | Ŭ | |

2 00 (8) Don Vos 0 0 0 Director 2 00 (9) Fanny Atta-Peters 0 0 0 Director 2.00 (10) Paul Sjolund Director

2 00

2 00

2.00

2 00

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50 00

50 00

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0

107,858

99,678

77,223

0

0

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0

0

0

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0

0

25,325

18,515

22,378

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• List all of the organization's **current** key employees, if any See instructions for definition of "key employee" • List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Average Reportable Name and Title Position (do not check more Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation organizations (Wdirector/trustee) organization (Wfrom the any hours for related 2/1099-MISC) 2/1099-MISC) organization and Individual to or director Officer Former emplovee organizations related Institution below dotted organizations emplo line)

| mpensated | |
|------------|--|
|),66 | |
| | |
| 01 Trustee | |
| trustee | |
| | |
| | |

| | | _ | | | _ | | |
|--|---------------|------|--|-------------|---|--|--|
| | | | | | | | |
| | | | | | | | |
| 1b Sub-Total | | | | > | | | |
| a Takal Kasas asastin asatin a basas sa Di | - 4 V/II C 4: | | | [| | | |

| С | Total from continuation sheets to Part VII, Section A ▶ | | | |
|---|--|---|-----|--------|
| d | Total (add lines 1b and 1c) | 0 | | 66,218 |
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1 | | | |
| | | | Yes | No |
| | | 1 | | |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |

| _ | | | | | | | |
|---|--|---|--------|----|--|--|--|
| ď | 0 | | 66,218 | | | | |
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1 | | | | | | |
| | | | Yes | No | | | |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No | | | |
| 4 | For any individual listed on line 1a, is the sum of reportable componentian and other componentian from the | | 1 | | | | |

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

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

| 3 | 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 | 3 | No | | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | | |
| | ındıvıdual | 4 | No | | |
| 5 | 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 | 5 | No | | |
| Se | Section B. Independent Contractors | | | | |

| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | |
|----|--|---|----|
| | | 4 | No |
| 5 | 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 | 5 | No |
| Se | | | |
| | | | |

| | ındıvıdual | 4 | | No | | | | |
|---|---|---|--|----|--|--|--|--|
| 5 | 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 | 5 | | No | | | | |
| S | Section B. Independent Contractors | | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | |

| | | | 7 | '' | 0 | |
|----|---|-----|---|-----|----|--|
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person | • | 5 | N | lo | |
| Se | Section B. Independent Contractors | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year | | | | | |
| | (A) | (B) | | (C) | | |

| | services rendered to the organization in these, complete schedule into such person | 5 | No_ | | | |
|----|--|-----------------------------|---------------------|--|--|--|
| Se | Section B. Independent Contractors | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year | | | | | |
| | (A) Name and business address | (B) Description of services | (C) Compensation | | | |
| | | | | | | |

| from the organization Report compensation for the calendar year ending with or within the organization's tax year | | | |
|---|-----------------------------|----------------------------|--|
| (A) Name and business address | (B) Description of services | (C) Compensation | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | 1 |
|---|---|--|---|
| | | | |
| | | | |
| 2 | 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of | | |

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compensation from the organization ▶ 0

| Part | VII | | | | | | | | | | |
|---|-----|--|----------------|-----------------|---------------------|----------|--------------------------------|---------|--------------------------|------------------------------|-------------------------------------|
| | | Check If Schedul | e O contains a | a respo | onse or note to any | (| his Part VIII A) revenue | Re e | (B) lated or xempt | (C) Unrelated business | (D) Revenue excluded from |
| (6 | 1 | 1a Federated campaig | ns | 1 a | | | | | inction evenue | revenue | tax under sections 512 - 514 |
| unts | | b Membership dues | | 1 b | | | | | | | |
| Gra mo | | c Fundraising events | | 1c | | | | | | | |
| ffs, ⊑ <u>A</u> | | d Related organizatio | ns | 1d | 128,009 | | | | | | |
| n]3 ⊆ | | e Government grants (co | ontributions) | 1e | | | | | | | |
| ons. Sin | | f All other contributions and similar amounts n | | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | above 9 Noncash contribution in lines 1a - 1f \$ | | 1f 27 | ,916 | | | | | | |
| Con and | | h Total. Add lines 1a | | | <u> </u> | | 4 912 650 | | | | |
| | | | | | Business | s Code | 4,813,659 | | | | |
| Program Service Revenue | 2 | a Conferences | | | | 900099 | | 81,821 | 81, | 821 | |
| <u> ۲</u> ۰۸ | ı | b Mgmt Fee - Related Org | | | | 900099 | | 49,057 | 49, | 057 | |
| Ce F | | | | | | 300033 | | | | | |
| žer vi | | d ——— | | | | | | | | | |
| E . | | | | _ | | | | | | | |
| ogra | 1 | ${f f}$ All other program se | rvice revenue | | | | | | | | |
| ď | g | g Total. Add lines 2a–2 | .f | | > | 130,878 | | | | | |
| | | Investment income (i | | | | | 219,49 | 1 | | | 219,491 |
| | | similar amounts) Income from investment | | | • | ` | 213,13 | | | | 213,131 |
| | | - B !! | | | _ | • | | | | | |
| | | | (ı) Real | l | (II) Personal | | | | | | |
| | 6 | a Gross rents | | | | | | | | | |
| | | b Less rental expenses | | | | 1 | | | | | |
| | | c Rental income or | | | | - | | | | | |
| | | (loss) | | | | ╛ | | | | | |
| | | d Net rental income o | | | | | | | | | |
| | 7 | 'a Gross amount | (ı) Securit | ies | (II) Other | - | | | | | |
| | , | from sales of assets other | | | | | | | | | |
| | | than inventory | | | | | | | | | |
| | | b Less cost or other basis and | | | | | | | | | |
| | | sales expenses C Gain or (loss) | | | | - | | | | | |
| | | d Net gain or (loss) | | | • | - | | | | | |
| | 8 | a Gross income from f | | | | | | | | | |
| Other Revenue | | contributions reporte | ed on line 1c) | of | | | | | | | |
| e v | | See Part IV, line 18 | | | | _ | | | | | |
| r R | | b Less direct expensec Net income or (loss) | | b una ev | ents | | | | | | |
| the | | a Gross income from g | | | ents • | 1 | | | | | |
| 0 | | See Part IV, line 19 | | | | | | | | | |
| | | b Less direct expense | c | a b | | - | | | | | |
| | | c Net income or (loss) | | | les | | | | | | |
| | 10 | DaGross sales of invent | | | | | | | | | |
| | | returns and allowand | ces | a | 524 | 4 | | | | | |
| | | b Less cost of goods s | sold | b | (| 5 | | | | | |
| | | c Net income or (loss) | from sales of | ınvent | ory . • | | 52 | 4 | 524 | | |
| | _ | Miscellaneous | Revenue | | Business Code | _ | | | | | |
| | 1 | .1a | | | | | | | | | |
| | | b | | | | | | | | | |
| | | | | | | | | | | | |
| | | с | | | | | | | | | |
| | | - | | | | | | | | | |
| | | d All other revenue . | | | | | | | | | |
| | | e Total. Add lines 11a | -11d | | > | | | | | | 1 |
| | 1 | . 2 Total revenue. See | Instructions | | | | F / 6 · E - | 2 | 404 | | |
| | | | | | | | 5,164,55 | 2 | 131,402 | | 0 219,491 Form 990 (2018) |

| Form 990 (2018) | | | | Page 10 |
|--|------------------------|------------------------------------|---|-----------------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col | lumns All other orga | nizations must comp | elete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX . | | | <u> \square</u> |
| 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) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 1,400,370 | 1,400,370 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 297,856 | 167,154 | 43,538 | 87,164 |
| 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 | 1,720,652 | 1,422,349 | 94,739 | 203,564 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 23,195 | 6,353 | 6,548 | 10,294 |
| 9 Other employee benefits | 105,106 | 28,790 | 29,672 | 46,644 |
| 10 Payroll taxes | 81,903 | 22,434 | 23,122 | 36,347 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 29,096 | | 29,096 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 7,025 | | 1,725 | 5,300 |
| 12 Advertising and promotion | 14,355 | 46 | 1,303 | 13,006 |
| 13 Office expenses | 258,914 | 219,525 | 16,628 | 22,761 |
| 14 Information technology | 102,785 | | 102,785 | |
| 15 Royalties | | | · | |
| 16 Occupancy | 39,702 | 22,092 | 6,213 | 11,397 |
| 17 Travel | 542,203 | 490,146 | 6,211 | 45,846 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 3 12,233 | 150,210 | 3,211 | 10/010 |
| 19 Conferences, conventions, and meetings | 8,598 | 4,733 | 1,098 | 2,767 |
| 20 Interest | 11,000 | | 11,000 | |
| 21 Payments to affiliates | · | | · | |
| 22 Depreciation, depletion, and amortization | 80,940 | 26,222 | 41,506 | 13,212 |
| 23 Insurance | 12,825 | 4,155 | 6,577 | 2,093 |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | · | · | |
| a Operations | 362,536 | 154,310 | 130,476 | 77,750 |
| | 93,140 | 93,140 | | , |
| b Field Development | , l | | | |
| c Field Equipment | 24,487 | 24,487 | | |
| d | | | | |
| e All other expenses | | | | |
| Total functional expenses. Add lines 1 through 24e | 5,216,688 | 4,086,306 | 552,237 | 578,145 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |
| Check here ► Li ii following 50P 98-2 (A5C 958-720) | | | | |

Page **11**

18

19

20

13,265,278

14,563,202

33

34

13,462,308

14,773,732

Form **990** (2018)

| P | art X | Balance Sheet | | | | | |
|-------|-------|---|-------------|-------------------------|--------------------------|------------|--------------------|
| | | Check if Schedule O contains a response or not | te to ar | ny line in this Part IX | | | 🗹 |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 1,917,956 | 1 | 1,402,282 |
| | 2 | Savings and temporary cash investments . | | [| 386,219 | 2 | 327,230 |
| | 3 | Pledges and grants receivable, net | | | 250,835 | 3 | 193,891 |
| | 4 | Accounts receivable, net | | | 50,355 | 4 | 68,354 |
| | 5 | Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L | | 5 | | | |
| S | 6 | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L | | 6 | | | |
| ssets | 7 | Notes and loans receivable, net | | 7 | | | |
| SS | 8 | Inventories for sale or use | | 8 | | | |
| A | 9 | Prepaid expenses and deferred charges | | | 64,159 | 9 | 22,144 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 1,287,008 | | | |
| | b | Less accumulated depreciation | 10 b | 422,253 | 849,706 | 10c | 864,755 |
| | 11 | Investments—publicly traded securities . | | | 9,669 | 11 | 10,919 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | 6,311,594 | 12 | 7,141,489 |
| | 13 | Investments—program-related See Part IV, line | | 4,402,219 | 13 | 4,496,920 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | 320,490 | 15 | 245,748 | | |
| | 16 | Total assets.Add lines 1 through 15 (must equ | 34) | 14,563,202 | 16 | 14,773,732 | |
| | 17 | Accounts payable and accrued expenses | | | 197,924 | 17 | 211,424 |

| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 1,287,008 | | | |
|-----|---|-------------|-----------|------------|-----|-----|
| ь | Less accumulated depreciation | 10 b | 422,253 | 849,706 | 10c | |
| 11 | Investments—publicly traded securities . | | | 9,669 | 11 | |
| 12 | Investments—other securities See Part IV, line | 6,311,594 | 12 | 7, | | |
| 13 | Investments—program-related See Part IV, line | 4,402,219 | 13 | 4, | | |
| 14 | Intangible assets | | | | 14 | |
| 15 | Other assets See Part IV, line 11 | 320,490 | 15 | | | |
| 16 | Total assets.Add lines 1 through 15 (must equ | al line | 34) | 14,563,202 | 16 | 14, |
| 17 | Accounts payable and accrued expenses | | | 197,924 | 17 | |
| | | | | | | |

18

19

20

Net

33

34

Grants payable . .

Deferred revenue . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

21 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 1,100,000 1,100,000 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 1.297.924 26 Total liabilities. Add lines 17 through 25 . 26

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

1.311.424 complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 9.027.122 9.952.067 27 27

28 28 Temporarily restricted net assets

29 Permanently restricted net assets 4,238,156 29 3,510,241

Assets or Fund Balances Organizations that do not follow SFAS 117 (ASC 958), check here > 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 32 Retained earnings, endowment, accumulated income, or other funds

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Worldwide provides facilitation support to these partnerships through a model of mentoring, training, loan capital, and advocacy. The partnerships have resulted in the

Software Version:

Name: Partners Worldwide

EIN: 38-3293173

Form 990 (2018)

Form 990, Part III, Line 4a:

Partners Worldwide builds relational partnerships between business people around the world focused on business growth and 10b creation to alleviate poverty. Partners

creation of 17,987 jobs in 2018/2019 and the retention of 147.098 jobs

| efil | e GR | APHIC pri | nt - DO NOT | PROCESS | As Filed Data - | | | DLN: 9 | 3493064007110 |
|------|------------------------------------|--|-------------------------------------|--|---|---|---|------------------------------|------------------------------|
| | m 99 | OULE A | Comp | | Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form | ion 501(c)(3) empt charitable | organization or trust. | | 2018 |
| | | f the Treasury | | ► Go to | www.irs.gov/Form | | | • | Open to Public Inspection |
| lam | | we Service he organiza Idwide | tion | | | | | Employer identific | |
| | | | | | | | | 38-3293173 | |
| | rt I | | | | us (All organization e it is (For lines 1 thro | | | See instructions. | |
| 1 | n gariiz | | • | | ssociation of churches | • | | (A)(i). | |
| 2 | | | | , | 1)(A)(ii). (Attach Scl | | | | |
| 3 | | | | | vice organization desc | , | , , | | |
| 4 | | A medical r | esearch organ | • | ed in conjunction with | | | • | inter the hospital's |
| 5 | П | name, city, An organiza | | for the benefi | t of a college or unive | rsity owned or or | perated by a gov | vernmental unit descr | bed in section 170 |
| _ | | (b)(1)(A) | (iv). (Complet | e Part II) | • | | | | |
| 6 | | , | | | governmental unit de | | | | |
| 7 | ✓ | section 17 | 70(b)(1)(A)(v | /i). (Complete | | | _ | init or from the gener | ai public described in |
| 8 | | A commun | ty trust descril | bed in section | 170(b)(1)(A)(vi) | (Complete Part I | I) | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | lege or university or a |
| LO | | from activition | ties related to i : income and u | its exempt fur nrelated busin | (1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III) | taın exceptions, | and (2) no more | than 331/3% of its s | upport from gross |
| 1 | | | | | d exclusively to test fo | r public safety S | See section 509 | (a)(4). | |
| .2 | | more publi | cly supported o | organizations (| d exclusively for the be described in section 5 the type of supporting | 09(a)(1) or se | ction 509(a)(2 |). See section 509 (a | |
| a | | Type I. A sorganization | supporting orga | anization oper to regularly a | ated, supervised, or cappoint or elect a majo | ontrolled by its s | upported organi | zation(s), typically by | |
| b | | manageme | | orting organiz | ervised or controlled i ation vested in the sar and C. | | | | |
| С | | | | | supporting organizatio ions) You must com | | | | ated with, its |
| d | | Type III n | on-functiona integrated Th | Ily integrate ne organizatio | d. A supporting organ n generally must satis rt IV, Sections A and | Ization operated fy a distribution | in connection wi | th its supported orga | |
| e | | Check this | box if the orga | nızatıon recei | ved a written determing integrated supporting | nation from the I | | pe I, Type II, Type II | I functionally |
| f | Enter | | of supported | | megrated supporting | organization | | | |
| g | Provi | de the follow | ıng ınformatıo | n about the su | pported organization(| | | | |
| | (i) Name of supported organization | | | | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| ota | ı | | | | | | | | |
| | | work Reduc | tion Act Notic | e, see the I | nstructions for | Cat No 11285 | 5F : | Schedule A (Form 9 | 90 or 990-EZ) 2018 |

Page 2

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | 4,863,620 | 4,466,800 | 4,919,241 | 5,082,861 | 4,813,659 | 24,146,181 |
| 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 | 4,863,620 | 4,466,800 | 4,919,241 | 5,082,861 | 4,813,659 | 24,146,181 |
| 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) | | | | | | 1,521,926 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 22,624,255 |
| | Section B. Total Support | | • | | • | | _ |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4 | 4,863,620 | 4,466,800 | 4,919,241 | 5,082,861 | 4,813,659 | 24,146,181 |
| 8 | Gross income from interest, | | | | | | |

| | line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 1,521,926 |
|---|---|-----------|-----------------|-----------|-----------|-----------|------------|
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 22,624,255 |
| • | Section B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b) 2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4 | 4,863,620 | 4,466,800 | 4,919,241 | 5,082,861 | 4,813,659 | 24,146,181 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 139,673 | 125,662 | 127,096 | 206,665 | 219,491 | 818,587 |
| 9 | Net income from unrelated business activities, whether or not the | | | | | | |

| | (or fiscal year beginning in) ▶ | (-) | (-7 | (- 7 | (-7 | V-7 | |
|----|---|------------|------------|---------------------|------------|------------|------------|
| 7 | Amounts from line 4 | 4,863,620 | 4,466,800 | 4,919,241 | 5,082,861 | 4,813,659 | 24,146,181 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 139,673 | 125,662 | 127,096 | 206,665 | 219,491 | 818,587 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| LO | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 1 | Total support. Add lines 7 through | | | | | | 24.064.769 |

| | meetine morn similar sources | | | | | | |
|----|---|----------------------|----------------------|-----------------------|----------------------|---------------|-----------------|
| 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 VI) | | | | | | |
| 11 | Total support. Add lines 7 through | | | | | | |
| | 10 | | | | | | 24,964,768 |
| 12 | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 | 488,575 |
| 13 | First five years. If the Form 990 is fo | or the organization | 's fırst, second, th | urd, fourth, or fifth | n tax year as a sect | tion 501(c)(3 |) organization, |
| | check this box and stop here | | | | | | ▶ 🗆 |
| _ | Section C. Computation of Public | C Support Perc | entage | | | | |

| | or loss from the sale of capital assets (Explain in Part VI) | | | | | | | |
|----|---|----------------------|----------------------|------------------------|-----------------------|---------|------------|-------------|
| 11 | Total support. Add lines 7 through 10 | | | | | | | 24,964,768 |
| 12 | ${\it Gross \ receipts \ from \ related \ activities},$ | etc (see instruction | ons) | | | 12 | | 488,57 |
| 13 | First five years. If the Form 990 is for | or the organization | n's first, second, t | hird, fourth, or fifth | n tax year as a secti | on 501(| (c)(3) org | janization, |
| | check this box and stop here | | | | | | ▶[| |
| S | ection C. Computation of Publi | c Support Perc | entage | | | | | |
| 14 | Public support percentage for 2018 (I | ne 6, column (f) d | ıvıded by line 11, | column (f)) | | 14 | | 90 620 % |
| | | | | | | | | |

| 11 | Total support. Add lines 7 through | | | | | | | 24.964.768 | | | |
|----|---|----------------------|----------------------|-----------------------|-------------------|---------|----------------------------|------------|--|--|--|
| | 10 | | | | | | | = .,, | | | |
| 12 | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 | 488, | | | | |
| 13 | First five years. If the Form 990 is fo | or the organization | 's fırst, second, th | ırd, fourth, or fıfth | tax year as a sec | ion 501 | on 501(c)(3) organization, | | | | |
| | check this box and stop here | | | | | | ▶[| | | | |
| S | Section C. Computation of Public Support Percentage | | | | | | | | | | |
| | Bublic cupport percentage for 2019 (lu | no 6 - column (f) d | unded by line 11 | salumn (f)) | | | | 00.630.66 | | | |

| .3 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section | n 501(| (c)(3) organizati | on, |
|----|--|--------|-------------------|----------|
| | check this box and stop here | | ▶□ | |
| S | ection C. Computation of Public Support Percentage | | | |
| .4 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | | 90 620 % |
| .5 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | | 73 330 % |
| | PR 4 | | | |

▶ ☑ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2017. 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

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 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 organization

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 h 10%-facts-and-circumstances test—2017. 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 gualifies as a publicly supported organization

20

| Р | Support Schedule for | | | | | d + 1.6 | law Dawk II - IS |
|-----|---|-------------------------|----------------------|-----------------------|--------------------|--|------------------|
| | (Complete only if you c the organization fails to | | | | | | ier Part II. If |
| Se | ection A. Public Support | quality affact t | ine cests fisced i | below, piedse ed | ompiete i die III | / | |
| | Calendar year | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | (or fiscal year beginning in) ▶ | (a) 2014 | (B) 2013 | (6) 2010 | (u) 2017 | (e) 2018 | (I) Iotai |
| 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 | | | | | | |
| 2 | organization's tax-exempt purpose Gross receipts from activities that are | | | | | | |
| 3 | not an unrelated trade or business | | | | | | |
| | under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| - | to or expended on its behalf The value of services or facilities | | | | | | |
| 9 | 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| | ection B. Total Support | T | T | 1 | 1 | 1 | T |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is fo | r the organization | 's first, second, tl | hird, fourth, or fift | h tax vear as a se | ction 501(c)(3) o | organization. |
| | check this box and stop here | . | | ,,, | , | | ▶ □ |
| Se | ection C. Computation of Public | Support Perce | ntage | | | | |
| 15 | Public support percentage for 2018 (lin | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2017 S | | • | (// | | 16 | |
| | ection D. Computation of Invest | | | | | •• | |
| 17 | Investment income percentage for 20: | | | line 13. column (f | 7) | 17 | |
| | Investment income percentage for 20. | • | | ==, ==; (1 | ,, | | |
| 18 | | | | on line 14 and lin | o 15 is more than | 18 | ne 17 is not |
| | 331/3% support tests—2018. If the | _ | | | | | _ |
| | more than 33 1/3%, check this box and s | • | | | | | |
| b | 33 1/3% support tests—2017. If the | _ | | | | | _ |
| | not more than 33 1/3%, check this box | and stop here. ` | i ne organization i | qualifies as a publ | icly supported org | janization – – – – – – – – – – – – – – – – – – – | ▶□ |

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

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с 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 4a 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 4b supervised by or in connection with its supported organizations

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 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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.

9a 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

| >cn | edule A (Form 990 or 990-E2) 2018 | | F | age 5 |
|-----|--|-------------|---------|-------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| 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? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| C | 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 | 11 c | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to 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 controlled the organization's activities. If the organization had more than one supported organization, 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization | - | | |
| S | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| _ | <u> </u> | | | |
| | ection 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | 103 | -140 |
| | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | |
| | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | l | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | ions) | | |
| | The organization satisfied the Activities Test Complete line 2 below | • | | |
| | b | | | |
| | | | | |
| | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test Answer (a) and (b) below. | į | Yes | No |
| | a 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 that these activities constituted substantially all of its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | _ | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | 3h | | |

| Sched | lule A (Form 990 or 990-EZ) 2018 | | | Page 6 |
|-------|--|------------|---------------------------|--------------------------------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting O | rgani | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. | | | |
| | 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) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | _ | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrat | ed Type III supporting or | ganızatıon (see |

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID:

Software Version: 88-3293173

Name: Partners Worldwide

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

Instructions)

Facts And Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

DLN: 93493064007110 OMB No 1545-0047

Open to Public Inspection

| Interi | nal Revenue Service | ► Go to <u>www.irs.c</u> | <u>gov/Form990</u> for the latest information | n. | Inspection |
|--------|------------------------------|---|---|---------------------------|---------------------|
| | ame of the organ | nization | | Employer identif | fication number |
| Par | thers worldwide | | | 38-3293173 | |
| Pa | a rt I Organi | zations Maintaining Donor Advi | ised Funds or Other Similar Funds | | |
| | Comple | te if the organization answered "Ye | | | |
| | | | (a) Donor advised funds | (b)Funds an | d other accounts |
| 1 | Total number at | • | | | |
| 2 | 55 5 | of contributions to (during year) | | | |
| 3 | | of grants from (during year) | | | |
| 4 | Aggregate value | • | | | |
| 5 | | ation inform all donors and donor advisor property, subject to the organization's ex | ors in writing that the assets held in donor exclusive legal control? | advised funds are the | ☐ Yes ☐ No |
| 6 | | oses and not for the benefit of the dono | onor advisors in writing that grant funds ca r or donor advisor, or for any other purpose | | sible 🔲 Yes 🔲 No |
| Pa | rt III Conser | rvation Easements. Complete If t | he organization answered "Yes" on Fo | rm 990, Part IV, lin | ie 7. |
| 1 | Purpose(s) of co | onservation easements held by the orga | inization (check all that apply) | | |
| | ☐ Preservation | on of land for public use (e ${	t g}$, recreatio | n or education) \square Preservation of a | an historically importa | nt land area |
| | ☐ Protection | of natural habitat | Preservation of a | a certified historic stru | cture |
| | ☐ Preservation | on of open space | | | |
| 2 | | 2a through 2d if the organization held a e last day of the tax year | qualified conservation contribution in the f | | e End of the Year |
| а | Total number of | conservation easements | | 2a | |
| b | Total acreage re | estricted by conservation easements | | 2b | |
| С | Number of conse | ervation easements on a certified histor | ıc structure ıncluded ın (a) | 2c | |
| d | | ervation easements included in (c) acqu in the National Register | ured after 7/25/06, and not on a historic | 2d | |
| 3 | Number of cons tax year ► | servation easements modified, transferro | ed, released, extinguished, or terminated b | by the organization dur | ing the |
| 4 | Number of state | es where property subject to conservation | on easement is located > | | |
| 5 | | ization have a written policy regarding t nt of the conservation easements it hold | he periodic monitoring, inspection, handlin ls? | - | Yes □ No |
| 6 | Staff and volunt | teer hours devoted to monitoring, inspe | cting, handling of violations, and enforcing | conservation easemer | nts during the year |
| 7 | Amount of expe | enses incurred in monitoring, inspecting, | , handling of violations, and enforcing cons | ervation easements di | ırıng the year |
| 8 | Does each cons | |) above satisfy the requirements of section | | Yes □ No |
| 9 | balance sheet, a | | servation easements in its revenue and exp e footnote to the organization's financial sta nts | | 95 |
| Pa | | izations Maintaining Collections te if the organization answered "Ye | s of Art, Historical Treasures, or Ot es" on Form 990, Part IV, line 8. | ther Similar Asset | :s. |
| 1a | art, historical tr | easures, or other similar assets held for | 16 (ASC 958), not to report in its revenue s public exhibition, education, or research in ncial statements that describes these items | n furtherance of public | |
| b | historical treasu | | 16 (ASC 958), to report in its revenue state blic exhibition, education, or research in fur | | |
| | (i) Revenue ınclud | ded on Form 990, Part VIII, line 1 | | ▶ \$ | |
| (| ii)Assets ıncluded | l ın Form 990, Part X | | ▶ \$ | |
| 2 | | ion received or held works of art, histor nts required to be reported under SFAS | ical treasures, or other similar assets for fir 116 (ASC 958) relating to these items | nancial gain, provide t | he |
| а | Revenue include | ed on Form 990, Part VIII, line 1 | | ▶ \$ | |

b Assets included in Form 990, Part X

| Par | t III | Organizations Ma | aintaining Col | lections o | of Art, H | Iistori | cal T | reası | ıres, o | r Other | Similar A | ssets (cont | nued) | |
|------------|-----------------|---|------------------------------|----------------|----------------|----------|----------|---------|-----------|-------------|---------------|----------------|----------------|---------|
| 3 | | g the organization's acq s (check all that apply) | juisition, accession | n, and other | records, | check | any of | the fo | llowing t | that are a | significant i | use of its col | ection | |
| а | | Public exhibition | | | | d | | Loan | or exch | ange prog | grams | | | |
| b | | Scholarly research | | | | e | | Othe | r | | | | | |
| c | | Preservation for future | e generations | | | | | | | | | | | |
| 4 | Provi Part : | de a description of the XIII | organization's col | lections and | l explain l | how the | ey furtl | her the | e organi: | zation's ex | xempt purpo | ose in | | |
| 5 | | ng the year, did the org s to be sold to raise fur | | | | | | | | | nılar | ☐ Yes | □ N | lo |
| Pai | rt IV | Escrow and Cust Complete if the ord X, line 21. | | | " on For | m 990 | , Part | IV, lı | ne 9, o | r reporte | ed an amou | unt on Forn | າ 990, | Part |
| 1a | | e organization an agent ded on Form 990, Part I | | an or other | ıntermedi | ary for | contri | bution | s or oth | er assets | not | ☐ Yes | □ N | lo |
| | ======= | | | | | | | | | | | | | _ |
| Ь | | es," explain the arrange | ement in Part XIII | and comple | ete the fo | llowing | table | | | 1c | А | lmount | | _ |
| c d | - | nning balance nons during the year | | | | | | | | 1d | | | | _ |
| e | | ibutions during the year | r | | | | | | | 1e | | | | _ |
| f | | ng balance | ' | | | | | | | 1f | | | | _ |
| | | - | | 000 Da | art V limina i | 71 fau | | | احال معم | | - L.I.L. 2 | | | |
| 2a | | he organization include | | | | | | | | | | | ⊔N | 10 |
| | rt V | es," explain the arrange Endowment Fund | | | | | | | | | | | | |
| - (| | Lildowillent i dil | us. complete ii | (a)Curren | | | rior yea | | | | (d)Three ye | | our yea | rs back |
| 1 a | Beginn | ing of year balance . | | . , , | | | , | | ,,,,, | | | | | |
| b | Contrib | outions | | | | | | | | | | | | |
| c | Net inv | vestment earnings, gair | ns, and losses | | | | | | | | | | | |
| d | Grants | or scholarships | • | | | | | | | | | | | |
| е | | expenditures for facilition | es | | | | | | | | | | | |
| f | Admın | istrative expenses . | | | | | | | | | | | | |
| g | End of | year balance | | | | | | | | | | | | |
| 2 a | | de the estimated perce d designated or quasi-e | | ent year end | l balance | (line 1 | g, colu | mn (a |)) held a | 15 | | | | |
| b | Perm | anent endowment 🕨 | | | | | | | | | | | | |
| С | Temp | orarily restricted endov | wment > | | | | | | | | | | | |
| | The p | percentages on lines 2a | , 2b, and 2c shou | ld equal 100 | 0% | | | | | | | | | |
| 3а | | here endowment funds | not in the posses | sion of the o | organızat | on that | t are h | eld an | d admın | ıstered fo | r the | | | |
| | - | nization by nrelated organizations | | | | | | | | | | 3a(i) | Yes | No |
| | ٠, | elated organizations . | | | • • • | | • | | • • | | | 3a(ii) | | |
| b | | es" on 3a(II), are the rel | | ıs lısted as r | equired o | n Sche | dule R | ? . | | | | 3b | | |
| 4 | Desci | ribe in Part XIII the inte | ended uses of the | organizatio | n's endov | vment f | funds | | | | | | | |
| Pai | rt VI | Land, Buildings, | | | | | | | | | | | | |
| | D | Complete if the or | | | " on For | | | | | | rm 990, Pa | | 0. ook valu | |
| | vescr | iption of property | (a) Cost or oth (investme | | (b) Cost | or orner | nasis (i | outer) | (C) ACC | .umulateu (| aehi eciarion | (a) B | ook Valu | ie |
| 1 = | Land | | | | | | 31 | 50,000 | | | | | | 350,000 |
| | Buildin | | | | | | | 43,792 | | | 168,541 | | | 375,251 |
| | | nold improvements | | | | | <u> </u> | , | | | 100,011 | | | |
| | | nent | | | | | 1 " | 52,874 | | | 146,532 | | | 6,342 |
| | | | | | | | | 40,342 | | | 107,180 | | | 133,162 |

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

| Part VII Investments—Other Securities. Complete See Form 990, Part X, line 12. | ıf the organization answere | d "Yes" on Form 990, Pa | art IV, line 11b. |
|---|--|--|-------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of Cost or end-of-year | |
| 1) Financial derivatives | | cost of end-of-year | market value |
| 2) Closely-held equity interests | | | |
| 3) Other A) Barnabas Ct Balanced Fund | 7,141,489 | С | |
| В) | | | |
| C) | | | |
| D) | | | |
| E) | | | |
| F) | | | |
| G) | | | |
| H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 7,141,489 | | |
| Part VIII Investments—Program Related. | | | |
| Complete if the organization answered 'Yes' of a Description of investment | on Form 990, Part IV, line 1 (b) Book value | .1c. See Form 990, Part (c) Method of | |
| 1)Investment in PW Entrepreneurs L3C | 1,361,860 | Cost or end-of-year | |
| 2)Notes Receivable for Loans | 3,135,060 | С | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| (6) | | | |
| 7) | | | |
| 8) | | | |
| (9) | | | |
| | | | |
| Part IX Other Assets. Complete if the organization answers | ▶ 4,496,920 ered 'Yes' on Form 990, Part IV | ', line 11d See Form 990, I | Part X, line 15 |
| (a) Descrip | | | (b) Book value |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 |) | | • |
| Part X Other Liabilities. Complete if the organization | | | |
| See Form 990, Part X, line 25. (a) Description of liability | (b) Book | value | |
| 1) Federal income taxes | | | |
| | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| | | | |
| 8) | | | |
| 9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | • | | |
| Liability for uncertain tax positions. In Part XIII, provide the te organization's liability for uncertain tax positions under FIN 48 (4) | | | _ |

Schedule D (Form 990) 2018

Page 4

| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
|-----|--|----|-------------|-------------------------|
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$ | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue $$ Add lines $\boldsymbol{3}$ and $\boldsymbol{4c.}$ (This must equal Form 990, Part I, line 12) | | 5 | |
| Par | TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part | | r Retur | n. |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 |) | 5 | |
| Pai | t XIII Supplemental Information | | | |
| | vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide | | art V, line | 4, Part X, line 2, Part |
| | Return Reference Evolanation | | | |

Total revenue, gains, and other support per audited financial statements

| Schedule D (Fo | orm 990) 2018 | | Page 5 |
|----------------|-------------------|----------------------------|----------------------------|
| Part XIII | Supplemental Info | rmation <i>(continued)</i> | |
| Ret | urn Reference | Explanation | |
| | | | Schedule D (Form 990) 2018 |

| efile GRAPHIC print - D | O NOT PROCESS | As Filed Data - | • | | DLN: | 934930640071: | 10 |
|--|---|-------------------------------|--|-----------------|--|---|------|
| SCHEDULE F (Form 990) | Statement of | Activities (| Outside the Uni | ited St | tates | OMB No 1545-004 | 7 |
| 1 01111 330) | ► Complete If the orga | | Yes" to Form 990, Part IV, I to Form 990. | ıne 14b, 15 | 5, or 16. | 2018 | |
| Department of the Treasury nternal Revenue Service | ► Go to www.ir: | s. <i>gov/Form</i> 990 for II | nstructions and the latest ii | nformation | | Open to Public Inspection | |
| Name of the organization Partners Worldwide | | | | | Employer iden | tification number | |
| | | | | | 38-3293173 | | |
| Part I General Infor Form 990, Part | | es Outside the U | Jnited States. Comple | te if the | organization a | nswered "Yes" to | |
| - | | | substantiate the amount | _ | | | |
| | | the grants or assis | stance, and the selection | criteria u | ısed | | |
| to award the grants or | assistance? | | | | | ✓ Yes 🗌 | No |
| 2 For grantmakers. De outside the United Sta | | ganization's proce | dures for monitoring the | use of its | s grants and oth | her assistance | |
| 3 Activites per Region (Th | he following Part I, line | 3 table can be dupli | cated if additional space is | needed) | | | |
| (a) Region | (b) Number o offices in the region | | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | program spec | ity listed in (d) is a service, describe cific type of e(s) in region | (f) Total expenditure for and investments in region | |
| See Add'l Data | | | - | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3a Sub-total | | 16 25 | | | | 3,107 | |
| b Total from continuation s Part I | sheets to | | | | | 45 | ,689 |
| | 3b) | 16 25 | | | | 3,153 | ,369 |

Page 2

| | | ,, | | + - / | | | | | |
|---|--------------------------|---|------------|-------------------------|-----------------------------|---------------------------------------|---|--|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | See Add'l Data | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, 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

Schedule F (Form 990) 2018 Page 3 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. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2018

| Sche | dule F (Form 990) 2018 | | Page 4 |
|------|---|---------------|---------------|
| Par | t 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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) | | |
| | Instructions for Forms 3320 and 3320 A, don't me with Form 330) | ☐ 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) | | |
| | Corporations (see Instructions for Form 54/1) | \square Yes | ✓ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) | □Yes | ☑ No |
| | 3713, don't me with Form 330) | ∟ Yes | ™ 1/10 |

| | rm 990) 2018 Page 5 |
|---------------------|---|
| P a n | upplemental Information rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information (see instructions). |
| 990 Schedu | le F, Supplemental Information |
| | |
| Return Reference | Explanation |

990 Schedule F, Supplemental Information

Expenditures are accounted for using the accrual method of accounting

Part I, line 3

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Sub-Saharan Africa

Software ID: Software Version:

EIN: 38-3293173

Name: Partners Worldwide

Job Creation

849,882

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | |
|---|---|--|---|---|--------------------------------------|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | |
| Central America and the | 5 | 8 | Program Services | Job Creation | 554,125 | | |

10 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia 3 Program Services 11ob Creation 112.267 South America 1 Program Services Job Creation 56,594

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Fast Asia and the Pacific 3 Program Services lob Creation 180.131 Sub-Saharan Africa 0 Grants to Recipients 1,157,232

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 153,423 0 IGrants to Recipients Carıbbean South Asia 44,026 0 Grants to Recipients

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) South America 0 Grants to Recipients 45,689

(I) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization arant non-cash disbursement assistance appraisal, other)

163,740 Wire

| applicable) | | | | | assistance |
|-------------|-------------|-------------|---------|------|------------|
| | Sub-Saharan | Business | 415,000 | Wire | |
| | Africa | Development | | | i |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Business

Development

Sub-Saharan

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 107.921 Wire Business lAfrica Development Central Americal Business 105.139 Wire land the Development Carıbbean

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 77,000 Wire **ICommunity** lAfrica Development Sub-Saharan 56.500 Wire lBusiness Africa Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 30,677 Wire **IBusiness** lAfrica Development Sub-Saharan 22.000 Wire Agricultural lAfrica IPrograms :

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Business 17.426 Wire Development South America | Agricultural 13.063 Wire IPrograms.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia 10.703 Wire **IBusiness** Development South America Business 9,000 Wire Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of l (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia 7.425 Wire lBusiness Development South Asia 6.590 Wire lBusiness Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region (book, FMV. cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South America Business 6.200 Wire Development

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493064007110 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Partners Worldwide 38-3293173 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 21,381 Cost Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (Χ 6,535 Cost Farm Supplies) Other ▶ (__ 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II 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 Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

| Schedule M (Form 990) (2018) | Page 2 |
|------------------------------|---|
| I, column (b), the | Information. Ination required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part in number of contributions, the number of items received, or a combination of both. Also complete idditional information. |
| Return Reference | Explanation |
| Part I, Column (b) | The number of contributions represent the number of contributions received, not the number of items donated |
| | Schedule M (Form 990) (2018) |

| efile GRAPH | IC print - DO NOT PROCESS As Filed Data - | DLN | I: 93493064007110 | | | | | | |
|--|---|---|-------------------|--|--|--|--|--|--|
| SCHEDUL (Form 990 or EZ) | 990 or 990-EZ cific questions on information. | OMB No 1545-0047 2018 Open to Public Inspection | | | | | | | |
| Name Setherofg Partners Worldwide 990 Schedule | | 88-3293173 | tification number | | | | | | |
| Return Reference | Explanation | | | | | | | | |
| Form 990, Part V, Line 2a | Partners Worldwide does not file any W-2s as all employees are outsourced fr nal employment organization Partners Worldwide reimburses the professiona anization for the employees' compensation and the reimbursements are repor VII, Section A and 990 Part IX, Lines 5-10 | l employment org | | | | | | | |

Return Explanation

line 2

Form 990,
Part VI,
Section A.

Heather Clemens, Director, and Ian Clemens, Director, Vice President, have a family relationship

Return Explanation

Form 990,
Part VI,
Section A,
Inne 8b

The organization does not have any committees at the board level, based on the Carver Mode
I of Governance There is no material difference in the voting rights of the board members

Return Explanation

line 11b

Form 990,
Part VI,
Section B,
The Form 990 is prepared by an independent CPA firm. The Controller and President/CEO review in detail a copy of the Form 990 and then it is provided to every member of the governing body before it is filed with the IRS

Return Explanation

Form 990,
Part VI,
Section B,
Inne 12c

Board members and officers sign annual conflict of interest statements which are reviewed
by the Executive Assistant Should any potential conflicts of interest be disclosed, the b
oard member or officer would be asked to refrain from participation in any deliberation or
decision with regard to matters affected by the relationship

Return
Reference

Compensation is proposed in the annual budget by the management team based on a thorough a

Form 990,
Part VI,
Section B,
Iline 15

Compensation is proposed in the annual budget by the management team based on a thorough a nalysis of comparable compensation, including the use of compensation surveys. The Board C hair approves the President/CEO's compensation and the process is documented via the annual budget. The President/CEO approves the compensation for the Chief Financial Officer/Trea surer and the Chief Operating Officer/Secretary via the annual budget and in consultation with the Board Chair. This process is documented.

990 Schedule O, Supplemental Information

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Inne 19

The organization's financial statements are available via the organization's website. The organization's governing documents and conflict of interest policy are available upon request.

Return

| Reference | Explanation |
|-------------------------------------|--|
| Form 990, Part X, Lines 27-29 | In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its audited financial statements for the period ended 6/30/201 9 To date, 2018 Form 990 and its associated schedules have not been updated to reflect changes made by this standard. Thus, we have reported the revised net asset categories from the audited financial statements as follows on Form 990, Part X, Lines 27-29. Line 27 - Ne tild assets without donor restrictions \$ 9,952,067 Line 29 - Net assets with donor restrictions \$ 3,510,241 Total net assets \$13,462,308. |

Explanation

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Foreign currency adjustment -5,988 Part XI, line

Return Explanation
Reference

ce the prior year

Form 990, Part XII, Line I statements and selection of its independent accountant. This process has not changed sin

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SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

2018

DLN: 93493064007110OMB No 1545-0047

Open to Public Inspection

| Name of the organization Partners Worldwide | | | | | | | Employ 38-329 | er identif | fication | number | | |
|--|--------------|----------------------------|-------------------------|---|-------------------|------------------|------------------------------------|------------|----------|-----------------------------------|---------------------------|-----------------------------|
| Part I Identification of Disregarded Entities Complete | ıf the organ | ızatıon answ | ered "Yes | ' on Form | 990, Part | IV, lıne 3 | _ | 31/3 | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary acti | |) (c activity Legal domi or foreign | | (d) Total ind | d) (e) Income End-of-year | | ssets | ts Direct cont entity | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| The Identification of Deleted Toy Franch Owner, at | CI- | to 16 the 2 min | | | Washan F | 2 000 | Doub IV | luna 24 ha | | | | |
| Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year | | ete if the orga | anization | answered | "Yes" on F | orm 990, | Part IV, | line 34 be | ecause | it had one or | more | |
| (a) Name, address, and EIN of related organization | | (b) ary activity | Legal dom or foreigr | c) Icile (state Icountry) | (d) Exempt Cod | e section | (e Public char (if section 5 | ity status | Dır | (f) rect controlling entity | Section (13) co ent | g) n 512(b) ontrolled |
| (1)Partners Worldwide Canada PO Box 661 Stn Main Welland, Ontario L3B 5R4 CA 83-6757807 | Fight pove | erty | (| .A | 501(c)(3) | | | | Partners | s Worldwide | Yes | No No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Forn | 990 | | (3 | t No 5013 | BSY | | | | Sche | edule R (Form | 990) 20 | 018 |

| (a) | | (b) | (c) | (d) | (e) | (f) | (g) | (H | 1) | (i) | (: | ₍₎ | (k |) |
|--|-----------------------|---|---|---|----------|--|---------------------------------|--------------------|---|----------------------|---------------------------------|-----------------|-----------------------------|----------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Predominant income(related, unrelated, excluded from tax under sections 512- 514) | Share of | | Disprop alloca | rtionate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana part | ral or aging ner? | Percer owner | tage | |
| | | | <u> </u> | _ | | | | Yes | No | | Yes | No | | |
| PW Entrepreneurs L3C I Tahoe Dr SE d Rapids, MI 49546 381733 | | Further the accomplishment of the charitable purposes of Partners Worldwide | MI | Partners Worldwide | Related | -90,428 | 1,469,439 | | No | | Yes | | 83 5 | 500 % |
| | | | | | | | | | | | | | | |
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| rt IV Identification of Related Organization because it had one or more related or | | | | | | | swered "Yes | on F | orm 9 | 990, Part I\ | /, line | e 34 | | |
| (a) Name, address, and EIN of related organization | (b) Primary activi | d (state | (c) Legal omicile or foreig ountry) | | | (e) Type of entity Corp, S corp, or trust) | (f) Share of total Income | | (g) e of end year assets | l-of- Perc | (h) entage ership | · | Section (13) cor enti | ntrolled |
| | | | | | | | | | | | | | 103 | 110 |
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| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
|---|------------|-----|----|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | 1 b | | No |
| c Gift, grant, or capital contribution from related organization(s) | 1 c | Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1 d | | No |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1 f | | No |
| g Sale of assets to related organization(s) | 1 g | | No |
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1 i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1 j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| o Sharing of paid employees with related organization(s) | 10 | Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| q Reimbursement paid by related organization(s) for expenses | 1 q | Yes | |

| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
|-------|---|------------|-----|----|
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| О | Sharing of paid employees with related organization(s) | 10 | Yes | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| q | Reimbursement paid by related organization(s) for expenses | 1 q | Yes | |
| r | Other transfer of cash or property to related organization(s) | 1r | | No |
| s | Other transfer of cash or property from related organization(s) | 1s | | No |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | |
| See A | Additional Data Table | | | |

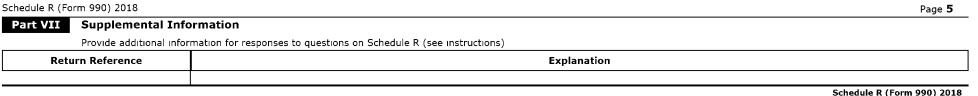
(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved (d) Method of determining amount involved

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | Are all partners section 501(c)(3) organizations? | | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | V-UBI General or t in box managing 20 partner? hedule -1 | | (k) Percentage ownership |
|---|-------------------------|---|---|--|----|--|--|--|----|--|-----------|--|---------|--|--|--|--|------------------------------------|--|--|--|--|--|--|---------------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | | | | | | | | | | | | | |
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| | • | | | | | | | | • | Schedul | e R (Form | 1 99 | 0) 2018 | | | | | | | | | | | | |



Additional Data

PW Entrepreneurs L3C

PW Entrepreneurs L3C

PW Entrepreneurs L3C

PW Entrepreneurs L3C

Partners Worldwide Canada

Partners Worldwide Canada Partners Worldwide Canada

Partners Worldwide Canada

Partners Worldwide Canada

Software Version: EIN: 38-3293173 Name: Partners Worldwide

Software ID:

(1) (1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(a) Name of related organization

Form 990, Schedule R, Part V - Transactions With Related Organizations

(b)

Transaction

type(a-s)

Ν

0

Q

С

Ν

0

Q

(c)

Amount Involved

128,009

(d)

Method of determining amount involved

Book value