2017 Exempt Organization Business Tax Return prepared for:

THE GLOBAL ORPHAN PROJECT, INC. 3161 WYANDOTTE ST. KANSAS CITY, MO 64111

EMERICK & COMPANY, PC 4520 MADISON AVENUE, STE. G KANSAS CITY, MO 64111

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2017 calendar year, or tax year beginning 2017, and ending . 20 D Employer identification number C Name of organization THE GLOBAL ORPHAN PROJECT, Check if applicable: INC 81-6079539 Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number ☐ Name change (816) 536-8333 3161 WYANDOTTE ST. Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated KANSAS CITY, MO 64111 Amended return **G** Gross receipts \$ 8,973,142. Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No TRACE THURLBY, 3161 WYANDOTTE ST., KANSAS CITY, MO 64111 H(b) Are all subordinates included? Yes No If "No." attach a list, (see instructions)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **★** 501(c)(3) 501(c) (Tax-exempt status: Website: ▶ WWW.GOPROJECT.ORG H(c) Group exemption number ▶ 2003 M State of legal domicile: MO Form of organization: X Corporation Trust Association Other ▶ L Year of formation: Part I Briefly describe the organization's mission or most significant activities: THE GLOBAL ORPHAN PROJECT EXISTS TO BREAK THE ORPHAN CYCLE THROUGH THE POWER OF COMMUNITY, COMMERCE, Activities & Governance AND THE LOVE OF JESUS. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 8 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 88 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 200 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 7,529,521 7<u>,57</u>4,014. 8 Program service revenue (Part VIII, line 2g) 5,890. 5,710. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,544 68,712. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 194,960 147,897. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,752,735 7,796,513. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,708,052 2,609,879. 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) 2,108,184 2,523,814. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,518,516. 2,165,158. Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 6,334,752 7,298,851. 18 Revenue less expenses, Subtract line 18 from line 12. 1,417,983 497,662. 19 **Beginning of Current Year** End of Year 6,051,819. 20 Total assets (Part X, line 16) 5,439,215 21 Total liabilities (Part X, line 26) . . 1,764,709 2,114,909. 22 Net assets or fund balances. Subtract line 21 from line 20 3,674,506. 3,936,910. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here TRACE THURLBY Type or print name and title Print/Type preparer's name Preparer's signature Date Check [if Paid JONATHAN P MCKINZIE JONATHAN P MCKINZIE 08/01/2018 self-employed P01326474 Preparer Firm's EIN ▶ 43-1855764 ► EMERICK & COMPANY, PC Firm's name Use Only MO 64111 Phone no. (816) 531-2822 Firm's address ▶ 4520 MADISON AVENUE, STE. G, KANSAS CITY, May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part l	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE GLOBAL ORPHAN PROJECT EXISTS TO BREAK THE ORPHAN CYCLE THROUGH
	THE POWER OF COMMUNITY, COMMERCE, AND THE LOVE OF JESUS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	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?
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 by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 3,714,471.including grants of \$ 2,120,683.)(Revenue \$ 0.) ONGOING ORPHAN CARE GRANTS TO FIELD PARTNERS TO SUPPORT ONGOING CARE AND PROGRAMS FOR ORPHAN PREVENTION INITIATIVES AND ORPHANED AND ABANDONED CHILDREN IN PARTNER
	VILLAGES, IN HAITI/DR, AFRICA (VARIOUS COUNTRIES), INDIA, MIDDLE EAST AND DOMESTICALLY ADDITIONAL DETAIL CAN BE FOUND AT WWW.GOPROJECT.ORG
4b	(Code:)(Expenses \$ 821,386.including grants of \$ 161,879.)(Revenue \$ 5,890.) VISION TRIPS TRAVEL AND RELATED EXPENSES FOR PERSONS TO GO ON SHORT-TERM MISSION TRIPS TO SUPPORT AND SPEND TIME WITH FIELD PARTNERS AND THE CHILDREN.
4c	(Code:) (Expenses \$ 1,183,410. including grants of \$0.) (Revenue \$0.) GO EXCHANGE IS A DIVERSE GLOBAL MARKETPLACE FOCUSED ON ORPHAN CARE
	AND ORPHAN PREVENTION BY PROVIDING JOBS TO LOCAL WORKERS AND ARTISANS.
	ALL PROFITS GO TO HELP CARE FOR ORPHANED AND ABANDONED CHILDREN. ADDITIONAL DETAIL CAN BE FOUND AT WWW.GOEX.ORG.
	ADDITIONAL DETAIL CAN BE FOUND AT www.goex.org.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 504,343. including grants of \$ 327,317.) (Revenue \$ 0.) See Statement
4e	Total program service expenses ► 6,223,610.

Part	Checklist of Required Schedules		ž. I	
4	In the expenientian described in section $EO1(a)(2)$ or $4O47(a)(1)$ (other than a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		×
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		×
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	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	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		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	×	
	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	×	
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	×	
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		×
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		×
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	×	
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		×

Part	Checklist of Required Schedules (continued)	γ		
00	Did the executivation energical one or more hamital facilities? If "Van " complete Cahadula U	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		_ <u>×</u> _
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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," complete Schedule L, Part I	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	and the state of t	×
26	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? If "Yes," complete Schedule L, Part II	26	×	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	×	×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	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 contributions? If "Yes," complete Schedule M	30	×	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	×	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 38 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O... 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a × **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a × **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b × Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d If "Yes," indicate the number of Forms 8282 filed during the year | 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . × If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13c 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

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 × Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 × 6 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a **b** Each committee with authority to act on behalf of the governing body? 8b × 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? X 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 filling the form? 11a × **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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 × 13 14 × 14 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? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. ★ Another's website □ Upon request Other (explain in Schedule O) ✓ Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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: ▶ DEBBIE MCMULLIN, 3161 WYANDOTTE ST., KANSAS CITY, MO 64111 (816)536-8333

Form 990 (2017)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - 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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor	any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles	ss pe d a d	ition more rson	than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL D FOX	25.00									
BOARD CHAIR		×		×				0.	0.	0.
(2) ELIZABETH L FOX BOARD VP	5.00	×		×				0.	0.	0.
(3) BRUCE KUSMIN TREASURER	5.00	×		×				0.	0.	0.
(4) JOHN LARIMER SECRETARY	5.00	×		×				0.	0.	0.
(5) TRACE THURLBY PRESIDENT & COO	40.00			×				108,575.	0.	10,546.
(6) JOE KNITTIG CEO	40.00			×				116,150.	0.	10,954.
(7) ALAN DIETRICH DIRECTOR	5.00	×						0.	0.	0.
(8) ADRIEN LEWIS EXECUTIVE DIRECTOR, GLOBAL MINISTRY	40.00			×		ı		108,575.	0.	9,311.
(9) ED BARBER DIRECTOR - COMP COMMITTEE	5.00	×						0.	0.	0.
(10) CHRIS LEVY DIRECTOR	5.00	×						0.	0.	0.
(11) JEFFREY MURPHY DIRECTOR	5.00	×						0.	0.	0.
(12) CARL ALLARD COO - GO EXCHANGE	40.00			×				81,000.	0.	21,088.
(13) JONATHAN CASSAT CHIEF MARKETING OFFICER	40.00			×				75,000.	0.	12,890.
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar	id H	lighes	st C	ompensated E	mployees (c	ontinue	d)
	(A) Name and title	(B) Average		ot ch		, ition more	than c		(D) Reportable	(E) Reportable		(F) Estimated
	iname and title	hours per week (list any hours for related organizations below dotted line)					b Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation related organizatior (W-2/1099-MI	from ns	amount of other compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)				-								
(23)												
(24)												
(25)												
1b c d	Sub-total	VII, Section	n A					▶ ▶	489,300.		0.	64,789. 64,789.
2	Total number of individuals (including bu reportable compensation from the organ	t not limite								ore than \$1		
3	Did the organization list any former o employee on line 1a? If "Yes," complete								ployee, or high			Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$ 	150	,000)?	lf "Υε · ·	es," •	complete Sci	hedule J fo 	r such 	4 ×
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue c	ompe comp	ensa elete	tior Sc	n fro hed	m an lule J	y u for	nrelated organi such person	zation or inc	lividual 	5 ×
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Re year.	compensa port compe	ted in ensati	dep on f	enc for t	dent	cont	rac dar	tors that receiv year ending wi	ed more tha th or within	in \$100 the org	,000 of anization's tax
	(A) Name and business ad								(B) Description of		((C) Compensation
OnTa	arget, 528 WALNUT ST., KANSA	S CITY,	МО	641	106			W	EBSITE DEV	ELOPMENT		198,425.
2	Total number of independent contract received more than \$100,000 of compen							o t	those listed at			

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (C) Unrelated business (D) Revenue excluded from tax (B) Related or (A) Total revenue exempt function revenue under sections 512-514 revenue Contributions, Giffs, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a 1b Membership dues . . . 134,900. Fundraising events 1c d Related organizations . . . 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 7,439,114 1f 519,695 Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f . . . <u>. . . </u> 7,574,014 **Business Code** Program Service Revenue VISION TRIPS 900099 5,890. 5,890. 2a b C d f All other program service revenue. **Total.** Add lines 2a–2f 5,890. g Investment income (including dividends, interest, and other similar amounts) ▶ 0. 68,712. 68,712. Income from investment of tax-exempt bond proceeds ▶ 4 5 Royalties (i) Real (ii) Personal 6a Gross rents . Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . Gain or (loss) . . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$134,900. of contributions reported on line 1c). See Part IV, line 18 19,670 **b** Less: direct expenses **b** c Net income or (loss) from fundraising events . -139,548-139,548 Gross income from gaming activities. 9a See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances . . . a 1,289,837. **b** Less: cost of goods sold . . . **b** 1,017,411. Net income or (loss) from sales of inventory . . ▶ 272,426. 272,426. ٥. Miscellaneous Revenue **Business Code** 11a 900099 0. 12,134. OTHER 15,019 2,885. b All other revenue Total. Add lines 11a-11d . . . 15,019. 12 Total revenue. See instructions. 7,796,513. 281,201. 0. -58,702.

Page **10**

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX		
	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
8b, 9b	, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			New Control of Control	
	and domestic governments. See Part IV, line 21	214,629.	214,629.		- commentation for the
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,616.	12,616.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,382,634.	2,382,634.	are from the last	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	489,300.	282,714.	206,586.	0.
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	1,567,900.	1,212,360.	355,540.	0.
8	Pension plan accruals and contributions (include	173077300.	1,212,300.	3337310.	<u>.</u>
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	302,604.	229,643.	72,961.	0.
10	Payroll taxes	164,010.	123,999.	40,011.	0.
11	Fees for services (non-employees):	101,010.	120,000	10,011.	<u> </u>
''	Management ,				
b	Legal	3,128.	0.	3,128.	0.
c	Accounting	27,236.	0.	27,236.	0.
d	Lobbying	21,230.	0.	27,230.	
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				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	24,151.	21,051.	0.	3,100.
13	Office expenses	30,306.	17,372.	12,934.	0.
14	Information technology	h			5,095.
		124,861.	98,590.	21,176.	5,095.
15 16	Royalties	69,879.	25 100	24 601	^
	Occupancy		35,198.	34,681.	0.
17 18	Travel	793,742.	760,523.	33,219.	0.
10	for any federal, state, or local public officials				
40	-				
19	Conferences, conventions, and meetings .	71 200	26.700	44 670	
20	Interest	71,380.	26,708.	44,672.	0.
21	Payments to affiliates	151 646	11/ 110	25 222	
22	Depreciation, depletion, and amortization .	151,646.	116,413.	35,233.	0.
23	Insurance	55,858.	26,802.	29,056.	0.
24	Other expenses. Itemize expenses not covered			The many series	
	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	TELEPHONE	32,984.	16,372.	16,612.	0.
b	PRINTING AND POSTAGE	25,817.	1,804.	4,209.	19,804.
C	TRAINING	22,289.	18,260.	4,029.	0.
d	INTERNET DONATION FEES	42,068.	15,820.	26,248.	0.
е	All other expenses	689,813.	610,102.	14,502.	65,209.
25	Total functional expenses. Add lines 1 through 24e	7,298,851.	6,223,610.	982,033.	93,208.
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 ŠOP 98-2 (ASC 958-720)				
		REV 12/05/17 PRO			Form 990 (2017)

Part X Balance Sheet (B) (A) Beginning of year End of year 1 2,090,269. 1,916,829. 2 2 3 3 104,536. 127,022. 4 215,042. 4 201,423. Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 1,387,339. 1,053,876. 538,410. 8 293,675. 8 38,241. 9 Prepaid expenses and deferred charges . . 36,138. 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 10a 1,996,397. 195,647. 1,800,750. b Less: accumulated depreciation 10b 1,632,839. 10c 12,840. 11 41,805. 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 6,051,819. 5,439,215. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 319,795. 298,484. 17 18 18 9,358. 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 53,768. 82,401. 1,731,988. Secured mortgages and notes payable to unrelated third parties . . . 1,381,424. 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 2,400. Total liabilities, Add lines 17 through 25 1,764,709. 26 2,114,909. Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛛 and **Balances** complete lines 27 through 29, and lines 33 and 34. 27 3,385,173. 1,745,826. 27 1,928,680. 28 551,737. 28 29 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 Net Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 3,936,910. 3,674,506. 33 33 6,051,819. 5,439,215. 34 Total liabilities and net assets/fund balances

Form **990** (2017)

Dag	. 1	2
Pag		

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,7	96,5	13.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,2	98,8	51.		
3	Revenue less expenses. Subtract line 2 from line 1	3 497,662.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,674,506.				
5	Net unrealized gains (losses) on investments	5.		_	80.		
6	Donated services and use of facilities	6	1	.36,5	00.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3	71,6	78.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	3,9	36,9	10.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in I	Yes	No		
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	· · · · · · · · · · · · · · · · · · ·		. 2b	$ \times $			
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited						
	separate basis, consolidated basis, or both:		_				
	☐ Separate basis ☐ Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersia/	ht				
	of the audit, review, or compilation of its financial statements and selection of an independent accou			$ \times $			
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	in				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in				
	the Single Audit Act and OMB Circular A-133?				×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b				

Form **990** (2017)

Form 990: Return of Organization Exempt from Income Tax

Part III: Line 4d (continued)

Continuation Statement

(Code:) (Expenses \$504,343 including grants of \$327,317) (Revenue \$0)

The GO Fund supports vocational training centers, business ventures, and agricultural ventures by providing jobs and training opportunities in the communities we serve in Haiti, Africa, India, and the United States.

Additional information can be found at www.goproject.org.

SCHEDULE A (Form 990 or 990-EZ)

(E) Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 81-6079539 THE GLOBAL ORPHAN PROJECT, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (iv) Is the organization (vi) Amount of (iii) Type of organization (i) Name of supported organization (ii) EIN other support (see (described on lines 1-10 listed in your governing support (see document? instructions) above (see instructions)) instructions) Yes (A) (B) (C) (D)

Part II

	(Complete only if you checked the						alify under
Sacti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests is	stea below, p	iease compie	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(6) 2013	(u) 2010	(e) 2017	(i) Total
•	membership fees received. (Do not						
		4,802,523.	4,818,046.	5,706,935.	7,529,521.	6,740,993.	29,598,018.
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	4,802,523.	4,818,046.	5,706,935.	7,529,521.	6,740,993.	29,598,018.
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on		A Parkey and the		The state of the s		
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	ar a raw say "Yes.					676,917.
6	Public support. Subtract line 5 from line 4						28,921,101.
	on B. Total Support						20,921,101.
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,802,523.					29,598,018.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from				-		
	similar sources	1,485.	9,474.	17,769.	22,544.	68,712.	119,984.
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						29,718,002.
12	Gross receipts from related activities, etc	L. (see instructi	ons)	<u> </u>		12	154,570.
13	First five years. If the Form 990 is for the		•				
	organization, check this box and stop he	_					▶ □
Secti	on C. Computation of Public Suppo	rt Percentag	je				
14	Public support percentage for 2017 (line			11, column (f))		14	97.32 %
15	Public support percentage from 2016 Sc					15	85.31 %
16a	331/3% support test-2017. If the organ	ization did not	check the bo	x on line 13, a	nd line 14 is 3	31/3% or more	, check this
	box and stop here. The organization qua						
b	331/a% support test—2016. If the organ this box and stop here. The organization						
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the			_	-	-	
_	organization						_
b	10%-facts-and-circumstances test—2				•		•
	15 is 10% or more, and if the organization is Explain in Part VI how the organization is						
	supported organization				-	•	
18	Private foundation. If the organization d						
	roundation in the organization d	is not oncor a	SON OIT III O TO	,, , , , , , , , , , , , , , , , , , , ,	٠, ٥، ١، ١٥, ١١٥٥	את מווט טטא מווע	

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						-
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise				1		
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	•					
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		1				
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			<u> </u>			
b	Amounts included on lines 2 and 3	<u> </u>					
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					<u> </u>	
	Add lines 7a and 7b Public support. (Subtract line 7c from						
8	line 6.)						
Sacti	on B. Total Support		r l				
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(4) 2010	(6) 2011	(0) 2010	(4) 2010	(0) = 0	(7)
10a	Gross income from interest, dividends,				1		
104	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		1				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1	1		<u> </u>	E04(1)(0)
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he					* * * * *	
	on C. Computation of Public Suppo			10 1, (6)		. 15	%
15	Public support percentage for 2017 (line						
16 Sooti	Public support percentage from 2016 Scion D. Computation of Investment In			* * * * * *		. 10	/0
	Investment income percentage for 2017	(line 10a colu	ump (f) divided	by line 13 colu	ımn (fl)	. 17	%
17	Investment income percentage for 2017 Investment income percentage from 201						%
18	33 ¹ / ₃ % support tests—2017. If the organ	nization did n	ot check the h	ox on line 14	and line 15 is	more than 331/s	
19a	17 is not more than 331/3%, check this box	and stop her	e. The organiza	tion qualifies as	a publicly sup	ported organiza	tion . \blacktriangleright
b							
D	line 18 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifie	es as a publicly	supported orga	nization
20	Private foundation. If the organization of						

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

_		Yes	No
g y	4		
ıs d	2		
ər	3a		
id ne	3b		
3)	3c		
lf	4a		
jn on	4b		
on ed B)	4c		
i," IN n; on			
dy	5a 5b		
to ed or	5c		
or th	7		
7?	8		
re ed	9a		
ch	9b		
fit	9c		
on ed	10a		
to	10b		
orm	990 or	990-E	Z) 2017

Schedu	ie A (Form 990 or 990-EZ) 2017		ı	age O
Part	Supporting Organizations (continued)	I	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? 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	r es	INO
	A family member of a person described in (a) above? 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 .	11b 11c		
Secti	on B. Type I Supporting Organizations			
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	Yes	No
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 organization.	2		1859 (1950) (1950) (1950)
Sect	ion C. Type II Supporting Organizations			
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	Yes	No
Sect	ion D. All Type III Supporting Organizations		1.4	1
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?	1	Yes	No
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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ıctior	is).
a b c	The organization is the parent of each of its supported organizations. Complete line 3 below.	(see ir	nstruc	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	and the state of t	2 a		
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.	2 b		
3 a	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus izati	st on Nov. 20, 1970 (expla ions must complete Secti	ain in Part VI). See ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	75 (671) and the second of the	
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-functional instructions). 	ly in	ntegrated Type III supporti	ing organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity	C III QUANANTI		
3_	Administrative expenses paid to accomplish exempt purp	inizations	* *********	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	I		(22)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			The Long Section
a				
b	From 2013	A Photography and the second		
C	From 2014			
d	From 2015	5 109 TELEVISION		and the second
e	From 2016			Selection of the select
f	Total of lines 3a through e		A Section of the section of	
g	Applied to underdistributions of prior years			The state of the second
h	Applied to 2017 distributable amount		The Committee of the Co	
i	Carryover from 2012 not applied (see instructions)		The problem of the second	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			La La Servana de la
	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			Les established
•	and 4c.			
8	Breakdown of line 7:			1900
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			The Court of the Court
е				

Schedule A (Form 990 or 990-EZ) 2017

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.)
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#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**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 instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE GLOBAL ORPHAN PROJECT, INC. 81-6079539 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X . . . . . . . . . . . . . . . . .

Schedule D (Form 990) 2017 Page **2** 

Part		Organizations Maintaining							
3		he organization's acquisition, a con items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the	e follow	ving that are a s	ignificant use of its
а	☐ Pub	lic exhibition		d [	Loan	or exchang	e progr	ams	
b	☐ Sch	olarly research		е [	Other				
С	☐ Pre	servation for future generations	<b>;</b>						
4	Provide XIII.	a description of the organizat	ion's collections a	and expla	in how th	ney further	the org	anization's exer	npt purpose in Part
5		the year, did the organization to be sold to raise funds rather							
Part		scrow and Custodial Arra				3			
	(	Complete if the organization 190, Part X, line 21.	answered "Yes		,				
	include	organization an agent, trustee, d on Form 990, Part X?							
b	If "Yes,	" explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:		A	mount
. с	Beginn	ing balance					1c		
d		ns during the year					1d		
е	Distribu	itions during the year					1e		
f		balance					1f		
2a	Did the	organization include an amour	nt on Form 990, P	art X, line	21, for e	scrow or cu	ustodia	l account liability	/? ☐ Yes ☐ No
b	If "Yes,	" explain the arrangement in Pa	art XIII. Check her	e if the ex	cplanatio	n has been	provide	ed on Part XIII .	<u> </u>
Par	V	Endowment Funds.							
		Complete if the organization	answered "Yes						
			(a) Current year	(b) Prid	or year	(c) Two year	s back	(d) Three years bac	k (e) Four years back
1a	Beginn	ing of year balance							
b	Contrib	outions							
С		estment earnings, gains, and							
d	Grants	or scholarships	,						
е	Other 6	expenditures for facilities and							
	progra	ms							
f	Admini	strative expenses							
g	End of	year balance							
2	Provide	e the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a	)) held	as:	
а	Board	designated or quasi-endowme	nt ▶	<u>%</u>					
b	Perma	nent endowment 🕨	<u>"</u> %						
С	Tempo	rarily restricted endowment 🕨	%						
		rcentages on lines 2a, 2b, and							
За		ere endowment funds not in the	e possession of t	he organi	zation th	at are held	and ad	lministered for t	
	organiz	ration by:							Yes No
	.,	elated organizations							3a(i)
		ated organizations							3a(ii)
b		on line 3a(ii), are the related o							3b
4		oe in Part XIII the intended uses		on's endo	wment f	unds.			
Par		Land, Buildings, and Equip				5 . B. C. U		0 5 000	D 137 P 40
		Complete if the organization							
		Description of property	(a) Cost or o (investn			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land								<u></u>
b	Buildin	gs			1,2	72,622.		32,631.	1,239,991.
С	Leasel	nold improvements							
d	Equipr	nent				95,150.		117,671.	77,479.
ее						28,625.		45,345.	483,280.
Total.	Add lin	es 1a through 1e. (Column (d) r	nust equal Form 9	90, Part 2	X, columi	n (B), line 10	Oc.) .	▶	1,800,750.

Part VII	Investments – Other Securities Complete if the organization ans		m 990. Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or catego (including name of security)		(b) Book value	(c) Meth	nod of valuation: of-year market value
(1) Financial	derivatives				
* *	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments—Program Relate				
	Complete if the organization and	swered "Yes" on Fo	rm 990, Part IV, lir		
	(a) Description of investment		(b) Book value		hod of valuation: -of-year market value
(1)					
(2)					
(3)					
(4)	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -				
(5)	· · · · · · · · · · · · · · · · · · ·				Market 11
(6)					
(7)					
(8)					
(9)	/b) must equal Form 990, Part X, col. (B) line 13.) ▶	<b>&gt;</b>			
Part IX	Other Assets.		000 5 104 11	11.0 =	000 D 17 F 15
	Complete if the organization an	swered "Yes" on Fo (a) Description	rm 990, Part IV, III	ne 11d. See Form	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X,	col. (B) line 15.)		<u> ▶</u>	
Part X	Other Liabilities.				
	Complete if the organization an line 25.	swered "Yes" on Fo	rm 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
	ncome taxes	(b) Book value	200 m 0.4 (2)		
(2)	ncome taxes				
(3)			245 July 19 (a)		
(4)	AMERICAN				
(5)					
(5)					
(6) (7)			1000		
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	tille s _{ame} s som		
	or uncertain tax positions. In Part XIII, pro		note to the organization	on's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	ΧI	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990			Return	
1	Total	revenue, gains, and other support per audited financial statemen			1	7,720,473.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:			•	1,120,413.
a		nrealized gains (losses) on investments	.   2a	-80.		
b		ted services and use of facilities		136,500.		
c		veries of prior year grants		130,300.		
d		r (Describe in Part XIII.)		-212,460.		
e		ines 2a through 2d		-212,400.	2e	-76,040.
3		ract line <b>2e</b> from line <b>1</b>			3	7,796,513.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	. i . i			7,790,513.
а		tment expenses not included on Form 990, Part VIII, line 7b .	. 4a			
b		r (Describe in Part XIII.)				
c		ines 4a and 4b			4c	
5		revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, li.			5	7,796,513.
Part		Reconciliation of Expenses per Audited Financial State	<del></del>			
, i care	ΛII	Complete if the organization answered "Yes" on Form 99		•	i iicta	111.
1	Total	expenses and losses per audited financial statements			1	7,386,689.
2		unts included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	.   2a			
b		year adjustments	<del></del>		16	
С		r losses				
d		r (Describe in Part XIII.)		159,218.		
e		lines 2a through 2d			2e	159,218.
3		ract line <b>2e</b> from line <b>1</b>			3	7,227,471.
4		unts included on Form 990, Part IX, line 25, but not on line 1:				., , , ,
а		stment expenses not included on Form 990, Part VIII, line 7b .	. 4a			
b		r (Describe in Part XIII.)		71,380.		
c		lines <b>4a</b> and <b>4b</b>			4c	71,380.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	7,298,851.
Part		Supplemental Information.				
2; Par	t XI, lir	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this parent.	art to prov	ride any additional in	formation	on.
						·

# Schedule D: Supplemental Financial Statements

# Part XIII: Supplemental Information

### **Continuation Statement**

Pt XI, Line 2d	FUNDRAISING REVENUE AND EQUITY IN EARNINGS OF FOREIGN PARTNERSHIP
Pt XII, Line 2d	FUNDRAISING EXPENSES
Pt XII, Line 4b	INTEREST EXPENSE

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

OMB No. 1545-0047 2017

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

**Employer identification number** Name of the organization 81-6079539 THE GLOBAL ORPHAN PROJECT, INC General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990. Part IV. line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) (e) If activity listed in (d) is (f) Total expenditures for (b) Number of (c) Number of (a) Region a program service, describe specific type of service(s) in the region employees, agents, and offices in the region and investments in the region independent contractors in the region 439,546. GRANTMAKING; PROGRAM SERVICE ORPHAN CARE (1) Sub-Saharan Africa 1 GRANTMAKING; PROGRAM SERVICE ORPHAN CARE 1,760,604. (2) Central America 1 (3) South Asia 0 GRANTMAKING; PROGRAM SERVICE ORPHAN CARE 104,215. 0 O GRANTMAKING; PROGRAM SERVICE ORPHAN CARE 78,269. (4) Middle East (5) (6)(7) (8) (9) (10)(11)(12)(13)(14) (15)(16)(17)2,382,634 Sub-total . . . . . За 2 5 b Total from continuation

2

sheets to Part I . . . .

c Totals (add lines 3a and 3b)

2,382,634.

BAA

Schedule F (Form 990) 2017

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
n) <u> </u>		Sub-Saharan Africa	ORPHAN CARE	27,860.	WIRE TRANSFER			
2)		Sub-Saharan Africa	ORPHAN CARE	113,050.	WIRE TRANSFER			
3)	100	Sub-Saharan Africa	ORPHAN CARE	298,636.	WIRE TRANSFER			
1)		Central America	ORPHAN CARE	41,696.	WIRE TRANSFER			
S)		Central America	ORPHAN CARE	1,703,188.	WIRE TRANSFER			
<u>5)</u>		South Asia	ORPHAN CARE	104,215.	WIRE TRANSFER			
7)		Middle East	ORPHAN CARE	78,269.	WIRE TRANSFER			
3)	L. Silvey	Central America	ORPHAN CARE	7,500.	WIRE TRANSFER			
9)		Central America	ORPHAN CARE	8,220.	WIRE TRANSFER			
10)								
H)								
12)	A Land							
13)								
14)								
5)								
16)								

REV 11/13/17 PRO

Page 3

Part III

Part III can be duplicated if additional space is needed.

Page 3

Part III can be duplic						I	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
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(17)							
(18)							

Part l	V 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)	☐ 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)		⊠ 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)		⊠ 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)		□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)		<b>⊠</b> No

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
See Sta	tement
***************************************	
222042	

# Schedule F: Statement of Activities Outside U.S.

### Part V: Supplemental Information

### **Continuation Statement**

Pt I Line 2	THE GLOBAL ORPHAN PROJECT, INC. PROVIDES FUNDING TO ORGANIZATIONS AND FIELD PARTNERS WHO WILL ACHIEVE THE RESULTS THAT THE ENTITY
	STRIVES TO ACHIEVE - PROVIDE QUALITY ORPHAN CARE, ORPHAN PREVENTION MINISTRY SERVICES AT REASONABLE COSTS. MONTHLY
	REPORTING, MONITORING, AND IN-PERSON VISITS ENSURE THE GRANTS ARE SUPPORTING THE ENTITY'S MISSION AND GOALS.
İ	BOFFORTING THE ENTITY & MICBION THE COMES.

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

Name (	of the organization	1	Employer identification number 81-6079539					
	GLOBAL ORPHAN PROJECT,							
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on F	orm 990, Part IV,	line 17.	
1	Indicate whether the organization				owing activities. Cl	neck all that apply.		
а	☐ Mail solicitations e ☐ Solicitation of non-government grants							
b	☐ Internet and email solicitations f ☐ Solicitation of government grants							
С	<b>5</b> — 1							
d								
2a	or key employees listed in Form							
b								
D	compensated at least \$5,000 by			dialocio, pi	arsuant to agreem	onto dildor willori ti	io idilarateor io to be	
		,						
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No				
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Tota				<u> Þ</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3	List all states in which the orga	anization is regi	stered or li	censed to	solicit contribution	s or has been notif	led it is exempt from	
	registration or licensing.							
		***************************************						
		***************************************						

1	rt II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater tha	g event contributions	and gross income on F	Form 990-EZ, lines 1 a	nd 6b. List events with
Revenue			GO FEED (event type)	BIG EVENT (event type)	CARE PORTAL BIG EVENT (total number)	<b>(d)</b> Total events (add col. <b>(a)</b> through col. <b>(c)</b> )
	1	Gross receipts	12,500.	136,570.	5,500.	154,570.
	2	Less: Contributions Gross income (line 1 minus	12,500.	116,900.	5,500.	134,900.
		line 2)	0.	19,670.	0.	19,670.
	4	Cash prizes				
	5	Noncash prizes	. Control of the cont			
enses	6	Rent/facility costs	4,305.	44,717.	-1-00-F00-F00-F00-F00-F00-F00-F00-F00-F0	49,022.
Jirect Expenses	7	Food and beverages	2,988.	58,491.		61,479.
) Direct	8	Entertainment	600.	5,950.		6,550.
	9	Other direct expenses .	22,437.	11,795.	325.	34,557.
- 1		D' A A	ld lines 4 through 9 in c	olumn (d)	•	151,608.
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		-131,938.
Pa		Net income summary. Subtra	act line 10 from line 3, c e organization answe	olumn (d)		-131,938.
	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answe	olumn (d)		-131,938.
Revenue &	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answe 90-EZ, line 6a.	olumn (d) red "Yes" on Form 99	► 00, Part IV, line 19, or	-131,938. reported more  (d) Total gaming (add
Revenue	11 rt III	Net income summary. Subtra <b>Gaming.</b> Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answe 90-EZ, line 6a.	olumn (d) red "Yes" on Form 99	► 00, Part IV, line 19, or	-131,938. reported more  (d) Total gaming (add
(benses Revenue	11 rt III	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3, c e organization answe 90-EZ, line 6a.	olumn (d) red "Yes" on Form 99	► 00, Part IV, line 19, or	-131,938. reported more  (d) Total gaming (add
Hevenue	11 rt III 1 2	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes	act line 10 from line 3, c e organization answe 90-EZ, line 6a.	olumn (d) red "Yes" on Form 99	► 00, Part IV, line 19, or	-131,938. reported more  (d) Total gaming (add
(benses Kevenue	11 rt III 1 2 3	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes	act line 10 from line 3, ce organization answel 90-EZ, line 6a.  (a) Bingo	olumn (d)		-131, 938. reported more  (d) Total gaming (add
(benses Kevenue	11 rt III 1 2 3 4	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	act line 10 from line 3, c e organization answe 90-EZ, line 6a.	olumn (d)	► 90, Part IV, line 19, or (c) Other gaming	-131,938. reported more  (d) Total gaming (add
benses Revenue	11 rt      1 2 3 4 5	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	act line 10 from line 3, ce organization answere 90-EZ, line 6a.  (a) Bingo	olumn (d)		-131,938. reported more  (d) Total gaming (add
benses Revenue	11 rt      1 2 3 4 5 6	Gross revenue  Cash prizes  Noncash prizes  Other direct expenses  Volunteer labor	act line 10 from line 3, of organization answer 90-EZ, line 6a.  (a) Bingo  Yes%  No	olumn (d)		-131,938. reported more  (d) Total gaming (add

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Schedu	le G (Form 990 or 990-EZ) 2017 Page <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	All oddside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming
1	revenue?
b	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

#### SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number THE GLOBAL ORPHAN PROJECT, INC 81-6079539 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? □No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (if applicable) 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of noncash assistance (h) Purpose of grant or assistance cash assistance (1) PASTOR SERVE, INC. PO BOX 27123 SHAWNEE MISSION KS 66225 75-3139219 15,000. ORPHAN CARE (2) ARIZONA FOSTER CARE INITIATIVES LLC 3038 W BURGESS LN PHOENIX AZ 85041 61-1712510 13,500. ORPHAN CARE (3) EMMAUS CHURCH PO BOX 60151 CORPUS CHRISTI TX 78466 35-2488942 8,000 HEALTH AND SAFETY HURRICANE RELIEF (4) BEAUTIFUL REDEMPTION PO BOX 33 PALMER LAKE CO 80133 47-3730396 50,671 ORPHAN CARE (5) 111 TULSA INC. PO BOX 3148 BROKEN ARROW OK 74013 47-2615399 47,617. ORPHAN CARE (6) WORLD HARVEST MINISTRIES 3400 WOODLAND AVE KANSAS CITY MO 64109 34,377 ORPHAN CARE (7) BAPTIST BIBLE FELLOWSHIP PO BOX 191 SPRINGFIELD MO 65801 44-0610111 11,665. ORPHAN CARE (8) BAPTIST INTERNATIONAL MISSIONS PO BOX 9 HARRISON TN 37341 58-6044837 28,800. ORPHAN CARE (9) (10) (11) (12) 

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

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Schedule I (Form 990) (2017)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
d opposit gaps / provinces		2 402			
ORPHAN CARE / PREVENTION	2	3,423.			
TAXES, INSURANCE AND UTILITY EXPENSES	1	6,193.			
ORPHAN ADVOCACY	2	3,000.			
t IV Supplemental Information. Provide t	he information re	quired in Part I, lin	e 2; Part III, colum	in (b); and any other additi	onal information.
e Statement					
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THE GLOBAL ORPHAN PROJECT, INC.

# Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Part IV: Supplemental Information Continuation Statement

Other	THE GLOBAL ORPHAN PROJECT, INC. PROVIDES FUNDING TO ORGANIZATIONS
	AND FIELD PARTNERS WHO WILL ACHIEVE THE RESULTS THAT THE ENTITY
	STRIVES TO ACHIEVE - PROVIDE QUALITY ORPHAN CARE / ORPHAN
	PREVENTION MINISTRY SERVICES AT REASONABLE COSTS. MONTHLY
	REPORTING, MONITORING, AND IN-PERSON VISITS ENSURE THE GRANTS ARE
	SUPPORTING THE ENTITY'S MISSION AND GOALS.

#### **SCHEDULE L**

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE	GLOBAL ORPHAN	PROJECT,	INC.					816	0795	39				
Par	Excess Benef	it Transaction	s (section 501	(c)(3), s	section 5	501(c)(4), ar	nd 50	1(c)(29) organiza	ations	only).			401	
	Complete if the						ne 25	a or 25b, or For	m 990	)-EZ,	Part \	/, line		
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	of tran	saction	1		(d) Corr	
				organiza	LION								Yes	No
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(2)														
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(4)														
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2	Enter the amount of									ne ye	ar •			
	under section 4958									!	\$			
3	Enter the amount of	f tax, if any, on	line 2, above,	reimbi	ursed by	the organi	zatioi	1		,	> \$			
Par	Loans to and	or From Inter	ested Person	S.	Farm 00	0 EZ Dart I	d line	20a or Earm O	30 Da	<b>⊬</b> 1\/	lina 2	6. ori	f tha	
	organization re	e organization	answered "Ye	S" on i	rom 99	0-EZ, Pari e 5 6 or 22	v, III ie >	38a or Form 99	эυ, га	ILIV,	11116 21	o, or i	i tiie	
	Organization	T T T T T T T T T T T T T T T T T T T	ı	1		T			1		1			
(a) N	lame of interested person	(b) Relationship	(c) Purpose of		oan to or	(e) Origin		(f) Balance due	(g) in c	lefault?				ritten
		with organization	loan		m the nization?	principal arr	nount				comm	pard or   agreemer		ment?
				<u> </u>							V	T	Van	N.
				To.	From				Yes	No X	Yes	No	Yes	No
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Par		ne organization				0. Part IV. I	ine 2	7.						
										1 1	) Purpo		noolotar	200
(8	Name of interested persor		ship between inter and the organization		(C) Amoun	t of assistance		(d) Type of assistant	J <del>G</del>	, ,	ej Fui po	JSC 01 4	10010141	100
(1)										<b>†</b>				
(2)							<b>-</b>			<b>†</b>				
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NIKE MITCHELL PORMER OPPICER 22400. LOAN FORGIVENESS  TV Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).	-
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Provide additional information for responses to questions on Schedule L (see instructions).	

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization
THE GLOBAL ORPHAN PROJECT, INC.

Employer identification number

81-6079539

Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution  amounts reported on  Form 990, Part VIII, line 1g		(d) of determining tribution amo	
1	Art-Works of art			, , ,			
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded	×	8	517,144.	FMV		
10	Securities—Closely held stock .						
11	Securities-Partnership, LLC,						
	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation						
	contribution—Historic						
	structures						
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (MARKETING MATERIALS)	×	1	2,551.	FMV		
26	Other ► ()						
27	Other ► ()						
28	Other ( )	l by the e	controlion during the terms	your for contributions for			
29	Number of Forms 8283 received which the organization completed						
	which the organization completed	11 01111 020	S, Fait IV, Dollee Acknowle	agement , , ,	29	Yes	No
20-	Desired the constant of the constant	#1 1	- for a - matrife ration	and a managed to Double Base.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	163	140
30a	During the year, did the organiza 28, that it must hold for at least t						
	to be used for exempt purposes					20-	
h			re notating period:			30a	×
р 31	If "Yes," describe the arrangemer Does the organization have a		ntanco noliny that requir	on the review of any n	onetanderd		
31	contributions?					31	
300	Does the organization hire or us					31	<u>×</u>
32a	contributions?					200	. U
L						32a	_ ×_
33	If "Yes," describe in Part II.  If the organization didn't report ar	amount in	column (c) for a type of pro	nerty for which column (a)	ie chackad		
00	describe in Part II.	annount III	oblaining to not a type of pre	porty for willon column (a)	is cricched,		
							4444

Part II	the organization is reporting in Part I, column (b), the number of contributions, the number of items receive								
	or a combination of both. Also complete this part for any additional information.								
al vor 10- 10- 10- 10- 40- 10- 10- 10- 10- 10- 10- 10- 10- 10-									
~~~~~~~~~~~									


SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
THE GLOBAL ORPHAN PROJECT, INC.	81-6079539
Pt VI, Line 11b: THE 990 WAS PREPARED BY AN INDEPENDENT CPA FIRM	BASED UPON
AUDITED FINANCIAL STATEMENTS.	
Pt VI, Line 12c: THE ORGANIZATION ADDRESSES ITS CONFLICT OF INTER	EST POLICY
ANNUALLY AND MONITORS COMPLIANCE REGULARLY.	
Pt VI, Line 15a: COMPENSATION OF EMPLOYEES, INCLUDING THE CEO, IS	REVIEWED AND
APPROVED BY INDEPENDENT BOARD MEMBERS.	
Pt VI, Line 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POL	ICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, OTHER WEBSIT	ES, AND ON THE
ORGANIZATION'S WEBSITE.	
Pt VI, Line 2: BOARD MEMBERS MICHAEL AND ELIZABETH FOX ARE HUSBAN	D AND WIFE.
Pt VI, Line 15b: COMPENSATION OF EMPLOYEES, INCLUDING THE CEO, IS	REVIEWED AND
APPROVED BY INDEPENDENT BOARD MEMBERS.	
Pt XI: EQUITY IN EARNINGS OF FOREIGN PARTNERSHIP NOT INCLUDED ON	STATEMENT OF
REVENUES.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Inspection

(6)

THE GLOBAL ORPHAN PROJECT, INC.

81-6079539

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) Direct controlling (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (d) Total income (e) End-of-year assets entity (1) THE GO EXCHANGE, LLC 46-1084747 SEE PROGRAM DESCRIPTION MO 671,956. 2,264,555 THE GLORAL ORPHAN PROJECT, INC. 3161 WYANDOTTE ST. KANSAS CITY MO 64111 (4) (5)

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had

Part II one or more related tax-exempt organizations during the tax year. (f) Direct controlling entity (c) Legal domicile (state (e) Public charity status (if section 501(c)(3)) (g) Section 512(b)(13) (a)
Name, address, and EIN of related organization controlled entity? or foreign country) Yes No (1) (2) (3) (4) (5) (6)

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

REV 11/13/17 PRO

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017												Page 2
Part III	Identification of F because it had on	Related Organiz e or more related	ations Taxable d organizations	as a Partners	ship. Complete artnership durin	if the organi g the tax yea	zation answer r.	ed "Y	es" c	n Form 990,	Part I	V, line	e 34,
	(a) e, address, and EIN of elated organization	(b) Primary activity	(c)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514	(f) Share of total income	(g)	- Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 2 of Schedule K- (Form 1065)	0 ma	(i) neral or naging rtner?	(k) Percentage ownership
								Yes	No		Ye	s No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
Part IV	Identification of line 34, because i	Related Organiz	zations Taxable re related organ	e as a Corpora izations treated	ation or Trust.	Complete if to on or trust d	he organization	on ans	swere	ed "Yes" on	orm 9	990, F	Part IV,
Na Na	(a)		(b)	(c)	(0)	(e)	(f) ire of to	tal	(g) Share of	(h) Percent	age S	(i) ection 512(b)(13

end-of-year assets ownership income (state or foreign country) entity (C corp, S corp, or trust) Yes No (1) (2) (3) (4) (5) (6) (7)

REV 11/13/17 PRO

Schedule R (Form 990) 2017

Part	Transactions With Related Organizations. Complete if the organization answer	ered "Yes" on Form	1 990, Part IV, line 34	l, 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 organ	izations listed in Parts	II–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		
b	Gift, grant, or capital contribution to related organization(s)			<u>1</u> b		
С	Gift, grant, or capital contribution from related organization(s)					
d	Loans or loan guarantees to or for related organization(s)			<u>1d</u>		
е	Loans or loan guarantees by related organization(s)			<u>1</u> e		
f	Dividends from related organization(s)			<u>1f</u>		
g	Sale of assets to related organization(s)			<u>1</u> g		
h	Purchase of assets from related organization(s)					
i	Exchange of assets with related organization(s)					
j	Lease of facilities, equipment, or other assets to related organization(s)			<u>1</u> j		<u> </u>
k	Lease of facilities, equipment, or other assets from related organization(s)			<u>1k</u>	:	
ı	Performance of services or membership or fundraising solicitations for related organization(s)			<u>11</u>		
m	Performance of services or membership or fundraising solicitations by related organization(s)			<u>1</u> m	1	<u> </u>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	1	
٥	Sharing of paid employees with related organization(s)			10		
р	Reimbursement paid to related organization(s) for expenses			1p		
q	Reimbursement paid by related organization(s) for expenses					
•						
r	Other transfer of cash or property to related organization(s)			1r	.]	
s	Other transfer of cash or property from related organization(s)					
2	If the answer to any of the above is "Yes," see the instructions for information on who must co				nresho	ds.
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining am	ount invo	lved
		type (a—s)				
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
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Page 4

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.

or gross revenue) that was not a related org	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all p sec 501 organiz	e) partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropo alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?		General or managing partner?		General or managing		(k) Percentage ownership																																																														
			sections 512-514)	Yes	No			Yes	No		Yes	No																																																																			
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Schedule R (F	Form 990) 2017	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	

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Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2017, or fiscal year beginning , 2017, and ending , 20

OMB	No.	1545-1	87	3

Department of the Treasury Internal Revenue Service	▶ Do not send to the IRS. Keep for your records.▶ Go to www.irs.gov/Form8879EO for the latest information.		2017		
Name of exempt organization	on	Employer identification	on number		
THE GLOBAL ORPI	HAN PROJECT, INC.	81-6079539			
Name and title of officer	· · · · · · · · · · · · · · · · · · ·				
TRACE THURLBY,	PRESIDENT				
	Return and Return Information (Whole Dollars Only)				
Check the box for the check the box on line leave line 1b, 2b, 3b, the applicable line be	e return for which you are using this Form 8879-EO and enter the applicate 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return b 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you ent low. Do not complete more than one line in Part I. There There There I was a provided in the provided by the provided in the provided by the provided in the provided by the provided b	eing filed with this tered -0- on the re	form was blank, then		
2a Form 990-EZ che	ck here ► □ b Total revenue, if any (Form 990-EZ, line 9)		2b3b		
3a Form 1120-POL o					
4a Form 990-PF che			4b		
5a Form 8868 check	here ► □ b Balance Due (Form 8868, line 3c)		5b		
Part II Declara	ition and Signature Authorization of Officer				
organization's 2017 of are true, correct, and organization's electroto send the organization to send the organization the transmission, (b) authorize the U.S. Trifinancial institution are truen, and the financial and the financial involved in the proceresolve issues related electronic return and Officer's PIN: check	erjury, I declare that I am an officer of the above organization and that I hat electronic return and accompanying schedules and statements and to the complete. I further declare that the amount in Part I above is the amount onic return. I consent to allow my intermediate service provider, transmitter iton's return to the IRS and to receive from the IRS (a) an acknowledgement the reason for any delay in processing the return or refund, and (c) the date assury and its designated Financial Agent to initiate an electronic funds we account indicated in the tax preparation software for payment of the organical institution to debit the entry to this account. To revoke a payment, I may a sessing of the electronic payment of taxes to receive confidential information of the payment. I have selected a personal identification number (PIN) as a tone box only ERO firm name to enter my PIN ERO firm name	best of my knowled shown on the coper, or electronic retent of receipt or reacte of any refund. It ithdrawal (direct dization's federal taust contact the U.S. I also authorize the n necessary to any signature for the contact the U.S. I also authorize the necessary to any signature for the contact the U.S. I also authorize the noncessary to any signature for the contact the U.S. I also authorize the north of the contact the U.S. I also authorize the north of the contact the U.S. I also authorize the north of the contact the conta	edge and belief, they y of the urn originator (ERO) ason for rejection of f applicable, I ebit) entry to the xes owed on this S. Treasury Financial he financial institutions swer inquiries and the organization's as my signature out		
being filed with	a state agency(ies) regulating charities as part of the IRS Fed/State progr y PIN on the return's disclosure consent screen.	am, I also authoriz	te the aforementioned		
If I have indicat the IRS Fed/Sta Officer's signature ▶	the organization, I will enter my PIN as my signature on the organization's ed within this return that a copy of the return is being filed with a state agate program, I will enter my PIN on the return's disclosure consent screen	ency(ies) regulating	ectronically filed return. g charities as part of		
	ation and Authentication	, , ,			
	nter your six-digit electronic filing identification yed by your five-digit self-selected PIN.	4 3 1 6 4 Do not er	3 1 1 9 9 9 9 mter all zeros		
indicated above. I co	we numeric entry is my PIN, which is my signature on the 2017 electronical on that I am submitting this return in accordance with the requirement orized IRS e-file Providers for Business Returns.	ally filed return for the soft Pub. 4163, Mo	the organization odernized e-File (MeF)		
ERO's signature ▶	Date▶	08/01/2018			
ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So					