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		**AMENDED RE								
_¬ 990-T						Tax Return	ו (OMB No 1545-0687		
		(and proxy tax under section 6033(e))				1912		2010		
_	For cal	For calendar year 2018 or other tax year beginning, and ending					_	2018		
artment of the Treasury								Open to Public Inspection for		
nal Revenue Service			lization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only					
Check box if address changed	Name of organization (Check box if name changed and see instructions.)						(Emp	oyer identification number loyees' trust, see uctions)		
Exempt under section	Print	<u>GLOB</u> ALGIVIN	G FOUNDAT	ON,	INC.		30-0108263			
501(c)(3)	10	Number, street, and room	n or suite no. If a P.O.	box, see ir	nstructions.		E Unrelated business activity code (See instructions.)			
408(e)220(e)	туре	1110 VERMON	T AVENUE N	W, N	O. 550		"	,		
408A530(a)		City or town, state or pro	vince, country, and ZII	P or foreig	n postal code	<u> </u>				
529(a)>		WASHINGTON,	DC 20005	5			900	099		
ook value of all assets		F Group exemption num	ber (See instructions.)							
45,655,9	75.	G Check organization typ	e ► X 501(c) c	orporation	501(c) trust	401(a)	trust	Other trust		
nter the number of the o	organiza	ition's unrelated trades or l	businesses. 🕨	1	Describ	e the only (or first) un	related			
ade or business here 🕨	► SEC	CTION 512(A)	(7) REPEAL	,	. If only on	e, complete Parts I-V.	If more	than one,		
escribe the first in the bl	ank spa	ice at the end of the previo	us sentence, complete	Parts I an	ıd II, complete a Schedi	ule M for each addition	ial trad	e or		
usiness, then complete	Parts III	-V.								
ouring the tax year, was	the corp	oration a subsidiary in an	affiliated group or a pa	arent-subs	idiary controlled group	> ▶	Ye	es No		
•		• •								
	-							232-5784		
art I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses	S	(C) Net		
Gross receipts or sale	S									
Less returns and allov	vances		c Balance	► 1c						
Cost of goods sold (S	chedule	: A, line 7)		2				Į į		
Gross profit. Subtract	line 2 fr	rom line 1c		3		<u> </u>				
				4a						
Net gain (loss) (Form	4797, P	'art II, line 17) (attach Form	1 4797)	4b						
: Capital loss deduction	for trus	sts		4c				<u></u>		
Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5		<u> </u>				
6 Rent income (Schedule C)			6							
7 Unrelated debt-financed income (Schedule E)			7							
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)										
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G			G) 9							
Exploited exempt activity income (Schedule I)			10	_						
1 Advertising income (Schedule J)			11							
				12						
				13	-	-1		<u> </u>		
				LEG WILLI	the unrelated busine		- 44	r		
·	icers, ai	rectors, and trustees (Schi	edule K)					<u></u>		
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	dula) (a.	an instructional		4	DEC 19 2020					
•	aule) (Si	ee instructions)			DEC 10 SASA	()				
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			rules)	1	OGDEN.UT	-	20			
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•	erad an	mnoncation plans								
		inpensation plans								
Employee Denetit programs Expense example expenses (Schedule I)										
						-	_			
					\vdash					
,							0.			
					_	0.				
					—					
 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 					32	0.				
Haralatad hucinage t	יי הוחכעב	מיז כני מחוו זיזביזוחון, מתחיח								
	address changed Exempt under section 501(C)(3) 408(e) 220(e) 408A 530(a) 529(a) Seed of year 45, 655, 9 Inter the number of the control of year adde or business here Escribe the first in the business, then complete uring the tax year, was "Yes," enter the name a the books are in care of art I Unrelated Gross receipts or sale Less returns and allow Cost of goods sold (S Gross profit. Subtract Capital gain net incom Net gain (loss) (Form Capital loss deduction Income (loss) from a Rent income (Schedu Unrelated debt-finance Interest, annuities, roy Investment income of Exploited exempt active Advertising income (See ins Total. Combine lines art II Deductio (Except for contribution Compensation of off Salaries and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depletion Contributions to defe Employee benefit profits Excess exempt expe Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions to defe Employee benefit profits Excess readership contributions Contributions Contribut	Check box if address changed exempt under section 501(c)(3)	artment of the Treasury and Revenue Service □ Check box if address changed exempt under section □ 501(c)(3) □ 408(e) □ 220(e) □ 408(e) □ 220(e) □ 408(e) □ 220(e) □ 408(e) □ 503(a) □ 529(a) □ 529(a) □ 529(a) □ 529(a) □ 529(a) □ 529(a) □ 75 □ 75 □ 6 Check organization type and or year of yea	Check box if address changed Print Service Service Print Service Service Print Service Service	Capital gain net income (attach Schedule D) Capital gain net income (attach Schedule D) Capital gain net income (Schedule C) Capital combined income (Schedule C) C	Cand proxy tax under section 6033(e)	Canal proxy tax under section 6033(e) Cana	The property day under section GOS3(e) Gost wave its government of typ. Treasure and typ. Treasure and typ. Treasure and the tests information Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		

	diodinadiving roomaniida, inc.		<u> </u>				
Part I	Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions	33	3		0		
34	Amounts paid for disallowed fringes	34	4				
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	5				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of						
	lines 33 and 34		36	3			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		1,0	0.0	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		<u> </u>	+	-, •	00	
30	enter the smaller of zero or line 36		38	.		0	
Part I				<u>'</u> ——		- 0	
						0	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	,	► 39	'		0	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	n.		-			
	Tax rate schedule or Schedule D (Form 1041)	ļ	► <u>40</u>				
41	Proxy tax. See instructions)	▶ 41				
42	Alternative minimum tax (trusts only)		42	2			
43	Tax on Noncompliant Facility Income. See instructions		43	3			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies `		44	4		0.	
Part \	Tax and Payments						
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a						
	Other credits (see instructions) 45b						
	General business credit Attach Form 3800 45c		\dashv				
_	Credit for prior year minimum tax (attach Form 8801 or 8827) 450		\neg				
	Total credits. Add lines 45a through 45d		45	_			
	Subtract line 45e from line 44		46			0 .	
46						- 0	
47		(attach schedul	_			0	
48	Total tax, Add lines 46 and 47 (see instructions)		48				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	' ——		0 .	
	Payments: A 2017 overpayment credited to 2018						
	2018 estimated tax payments 50b						
C	Tax deposited with Form 8868 50c		_				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 500						
е	Backup withholding (see instructions) 50e						
f	Credit for small employer health insurance premiums (attach Form 8941) 50f						
g	Other credits, adjustments, and payments: Form 2439		\neg				
•	☐ Form 4136 ☐ Other ☐ Total ▶ 50g		-				
51	Total payments Add lines 50a through 50g		51	<u> </u>			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	_			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53					
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	- †				
55		Refunded	55				
Part \			1 33	<u>'_1</u>			
					Tvaa	LNa	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authors and the second of the control of the con				Yes	No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count	ry					
	here SEE STATEMENT 2				X	<u> </u>	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?			X		
	If "Yes," see instructions for other forms the organization may have to file						
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				<u></u>		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	to the best of my	knowledg	e and belief, it is	s true,		
Sign	Correct, and complete Declaration of preparer (unter man taxpayer) is based on an information of which preparer has any known	leage	May the	IRS discuss th	e returo	with	
Here					ow (see	With	
	Signature of officer Date Title		ınstructi	ions)? X Y	es	No	
	Print/Type preparer's name Preparer's signature Date	Check	ıf P	PTIN		-	
D-: 1	RICHARD J. LOCASTRO,	self- employ		•			
Paid	CDA //// // / / / / / 11/13/2020			P00288	314		
-	reparer Circums CELMAN DOCENDEDC C EDEEDMAN						
Use C	Use Only 4550 MONTGOMERY AVE SUITE 800N					<u> </u>	
	Firm's address PETHECDA MD 20814_2030	Dhone no	/30	1 \ 051	_ a ^	g n	

Form **990-T** (2018)

823711 01-09-19

FOOTNOTES

STATEMENT

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AMENDED RETURN:

THE FOLLOWING LINES CHANGED DUE TO THE REPEAL OF SECTION 512(A)(7): PART II, LINES 19, 20, 28, 29, 30, 32

PART III, LINES 33, 34, 36, 38

PART IV, LINES 39, 44

PART V, LINES 46, 48, 50

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 2
ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

UNITED KINGDOM CHINA