Form 990-T	E	Exempt Organization B			Tax Retur	n	OMB No 1545-0687
		(and proxy tax u	nder se	ection 6033(e))			2040
٨	For ca			, and ending	- :		2018
Department of the Treasury Internal Revenue Service	•	► Go to www irs gov/Form990T fo ► Do not enter SSN numbers on this form as it i					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if nam	ie change	d and see instructions)	(Em	ployer identification number ployees' trust, see ructions)
B Exempt under section	Print	GLOBAL GENEROSITY, IN	IC.			4	47-5209151
X 501(3) 408(e) 220(e)	Type	Number, street, and room or suite no. If a P 0 PO BOX 511	box, see i	nstructions			elated business activity code instructions)
408A 530(a)		City or town, state or province, country, and ZI ALPHARETTA, GA 30009		n postal code		ا مو	0003
Book value of all assets		F Group exemption number (See instructions				<u> </u>	7003
at end of year	47.	G Check organization type ► X 501(c)		n 501(c) tru	ust 401(a) trust	Other trust
		ation's unrelated trades or businesses	1		ribe the only (or first) u		
trade or business here	► IN	TERESTS IN LIMITED PAR	TNER	SHIP If only	one, complete Parts I-V	! If mor	re than one,
describe the first in the b	lank spa	ace at the end of the previous sentence, complete	Parts I a	nd II, complete a Sche	dule M for each additio	nal trad	le or
business, then complete	Parts III	I-V					
•	•	poration a subsidiary in an affiliated group or a p	arent-subs	sidiary controlled grou	ıp? ►	Y	res X No
		tifying number of the parent corporation.					2
		SO ADMINISTRATION de or Business Income					3)892-1874
		de of Business income	- 	(A) Income	(B) Expense	:5	(C) Net
1a Gross receipts or sale b Less returns and allo		c Balance	▶ 1c		•		-
2 Cost of goods sold (S			2				
3 Gross profit Subtract		•	3				
4a Capital gain net incon			4a				
. •	•	Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	n for tru	sts	4c				
5 Income (loss) from a	partner	ship or an S corporation (attach statement)	5	<616	·> STMT	1	<616.>
6 Rent income (Schedu	ile C)		6				
7 Unrelated debt-finance		,	7	ļ .			
		and rents from a controlled organization (Schedule					
		on 501(c)(7), (9), or (17) organization (Schedule					
10 Exploited exempt acti11 Advertising income (\$\frac{1}{2}\$	-	,	10				
12 Other income (See in		•	12				
13 Total. Combine lines		•	13	<616	•>		<616.>
Part II Deduction	ns No	ot Taken Elsewhere (See instruction	s for limit	ations on deduction	ns)		•
(Except for	contrib	utions, deductions must be directly connec	ted with	the unrelated busin	iess income)		
14 Compensation of off	ficers, di	rectors, and trustees (Schedule K)		9		14	
15 Salaries and wages				1011	RECEIVE	15-	-
16 Repairs and mainter	nance			737	TOLIVE!	_ 10	211
17 Bad debts				1/1W, 1019	DEF A DOGGO	1,7;	<u> </u>
18 Interest (attach sche19 Taxes and licenses	eaule) (s	see instructions)		// \tilde{\tiide{\tilde{\tilde{\tilde{\tilie{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde	DL (13	18	
4	ions (Se	e instructions for limitation rules)		` -	OODEN	19 7 20	
21 Depreciation (attach	•			21-	<u>OGDEN, U</u>	Γ	
		n Schedule A and elsewhere on return		22a	·	22b	
23 Depletion						23	
24 Contributions to def	erred co	impensation plans				24	
25 Employee benefit pro	ograms					25	
26 Excess exempt expe						26	
27 Excess readership of						27	
28 Other deductions (at						28	<u> </u>
29 Total deductions. A		-	wast line of	O from line 40		29	0. <616.>
<u> </u>		income before net operating loss deduction. Sub- loss arising in tax years beginning on or after Ja				30	<010.>
	_	ncome Subtract line 31 from line 30	nuary 1, 2	ບ າວ (ລະຮ ແເລແ ພະແບດນຽ)		31	<616.>
		rwork Reduction Act Notice, see instructions			1-7 M	1 32	Form 990-T (2018)
	upu		44	(1 /		75

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2018.05000 GLOBAL GENEROSITY, INC. GG191511

(DESAIL	Total Unrelated Business Tayable Income		4, 52	03131	
[Part]]				т—	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	33	<616.>		
34	Amount's paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions) S	rmt 2	35	<u> </u>
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım of			
	lines 33 and 34			36	<616.>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.		
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 3				
00	enter the smaller of zero or line 36	38	<616.>		
[Dart]	VI Tax Computation			1 00 1	(010.)
					0.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	1 00 /		39	<u> </u>
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 38 from	_		
	Tax rate schedule or Schedule D (Form 1041)			40	
41	Proxy tax. See instructions			41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
(Parti)	Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
c	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	Total credits Add lines 45a through 45d	100	-	45e	
	Subtract line 45e from line 44			46	0.
46		se Tother	/		
47		oo Uilei	(attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1		49	0.
50 a	Payments A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50ь		_ 	
C	Tax deposited with Form 8868	50c			
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d		_ -	
е	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
	Other credits, adjustments, and payments: Form 2439				
•	Form 4136 Other Total	50g			
51	Total payments Add lines 50a through 50g	<u> </u>		51	
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	
5.4	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	
54	Enter the amount of line 54 you want Credited to 2019 estimated tax	0.			
55	Statements Regarding Certain Activities and Other Information		funded ctions)	55	····
·					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-	9		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country			
	here >				<u>x</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a foi	reign 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 >\$		· · · · · · · · · · · · · · · · · · ·		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete Beclaration of preparer (other than taxpayer) is based on all information of which preparer			ledge and beli	ef it is true,
Sign	Correct, and couplete becaration of prepara (other than taxpayer) is based on an information of which prepara	nas any knowledge	_	May the IDC d	iscuss this return with
Here	1/14/19 PRESIDE	NT		•	hown below (see
	Signature of officer Date Title			instructions)?	
	Print/Type preparer's name Preparer's signature Dat	ie.	Check	ıf PTIN	`
D-11		_	self- employe		
Paid		112.19	our employe		0439343
Prepa	THE THE PROPERTY OF THE PARTY O	JNDATIO	Eurmic FIN B		-1493949
Use C		חדדשתמים	Firm's EIN	- 50	1433343
	11625 RAINWATER DRIVE		Dhe	404 21	52 0100
	Firm's address ► ALPHARETTA, GA 30009-8678		Phone no		52-0100
823711 01	-09-19			1	Form 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A	<u> </u>		-	
1 Inventory at beginning of year	1	· ·	6 Inventory at end of year	1r	6		
2 Purchases	2		7 Cost of goods sold S	ubtract line 6			
3 Cost of labor	3		from line 5 Enter here	and in Part I,			
4a Additional section 263A costs			line 2		7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes N	ło
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?	, , , , , , , , , , , , , , , , , , , ,			
Schedule C - Rent Income (F (see instructions)	rom Real I	Property and	Personal Property L	eased With Real Pr	operty)		_
Description of property							
(1)							
(2)							
(3)							
(4)	· <u> </u>			· · · ·		•	
		ed or accrued		3/a \ Deductions dir	ectly connec	ted with the income in	
(a) From personal property (if the perce rent for personal property is more th 10% but not more than 50%)	ntage of nan	of rent for p	ind personal property (if the percenta personal property exceeds 50% or if it is based on profit or income)	ge columns 2		attach schedule) .	
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column (A)	>		(b) Total deduction Enter here and on page Part I, line 6, column (B)	1	C) .
Schedule E - Unrelated Debt	-Financed	income (see	instructions)	1			
			2. Gross income from	3 Deductions directly to debt-fi	connected vinanced prop		
1 Description of debt-final	nced property	•	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	1	(b) Other deductions (attach schedule)	
(1)	-			_			
(2)							_
(3)							_
(4)		•					_
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	1	8 Allocable deductions column 6 x total of column 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
			%				
(4)			/0				_
(4)			1/0	Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
			/0			Part I, line 7, column (B)).
Totals Total dividends-received deductions Inc	luded in column	18) /o			Part I, line 7, column (B)	<u>).</u>

Book	Schedule F - Interest, A	nnuities	, Royalt	ies, an	d Rents	From Co	ntrolle	d Organiza	itions	(see ins	truction	s)
Comparison Controlled Congenizations Congenizatio					Exempt C	ontrolled O	ganızatı	ons				
Color Colo	1 Name of controlled organization		identification						included in the controlling		6 Deductions directly connected with income in column 5	
Part Colors State Colors Colo	(1)								1			
Add columns 5 and 10 Column 6 that is relining to proper controlled Organizations 10 Point of column 6 that is relining to proper column 6 that is relining to the relining to proper column 6 that is relining to the relinin												
Additional and the second control of the control	· · · · · · · · · · · · · · · · · · ·											
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(d) (d) Add columns 5 and 10 Enter here and on page 1, Part I, Irins 8, column (A) (see instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 2 Amount of income (1) (2) (3) (4) Fire here and on page 1, Part I, Irins 8, column (A) (b) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of income (see instructions) 1 Description of income (a) (b) Fire here and on page 1, Part I, Irins 8 (column (A)) Fire here and on page 1, Part I, Irins 8, column (A) Fire here and on page 1, Part I, Irins 8, column (A) Fire here and on page 1, Part I, Irins 8, column (A) Fire here and on page 1, Part I, Irins 8, column (A) Fire here and on page 1, Part I, Irins 8, column (A) Fire here and on page 1, Part I, Irins 8, column (A) Fire here and on page 1, Part I, Irins 8, column (A) Fire here and on page 1, Part I, Irins 8, column (A) Fire here and on page 1, Part I, Irins 8, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fire here and on page 1, Part I, Irins 9, column (A) Fi	(1)				 			_				·
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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 3 Deductions directly connected (entact schedule) (entact schedul	Totals						•			0.		0.
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(2) (3) (4) Enter here and on page 1. Enter here and on page 1. Fart1, line 9 column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross urrelated business income from trade or business income from trade or business (column 3) if again trade or business income from activity that business income from trade or business income from trade or business income from activity that activity in activity that activity in activity that activity tha	1 Descr	iption of incom	18			2 Amount of	income	directly conne	cted			5 Total deductions and set-asides (col 3 plus col 4)
(3) (4) Enter here and on page 1. Part 1, line 9 column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity income from vade or business income from vade or busi												
Totals	(2)		-									
Totals												
Part I, Ime 9 column (A) Part I, Ime 9, column (A)	(4)											
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1 Description of exploited activity	•	•	Activity	Income	e, Other	Than Adv	ertisin	g Income				
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(2) (3) (4) Enter here and on page 1, Part I, line 10 col (A) Totals O. Costedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 2 Gross advertising costs advertising costs 3 Direct advertising gain or (loss) (col 2 minus collum 6 min collu	(1)											
(3) (4) Enter her and on page 1, Part I, line 10 col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 1 Name of periodical 2 Gross advertising gosts 3 Direct advertising gosts 4 Advertising gain or (loss) (col 2 minus coll 2 minus coll 2 minus coll 3 if a gain, compute coll 3 if a gain, compute coll 5 through 7 (1) (2) (3) (4)												
Enter here and on page 1, Part I, line 10 col (A) Part II, line 26												
Part I Income From Periodicals Reported on a Consolidated Basis		page 1,	Part I,	page 1	1, Part I						· · · · · · · · · · · · · · · · · · ·	Enter here and on page 1, Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 2 Gross advertising osts advertising costs advertising costs of through 7 1 Name of periodical					_							0.
1 Name of periodical 2 Gross advertising advertising costs advertising costs advertising costs 3 Direct advertising gain or (loss) (col 2 minus cols 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) 4 Advertising gain or (loss) (col 2 minus cond) income 5. Circulation income 6. Readership costs (column 6 min column 4) 4 Advertising gain or (loss) (col 2 minus cols 5 through 7) 5. Circulation income 6. Readership costs (column 6 min column 4) (4)												.=
1 Name of periodical advertising costs advertisi	Part I Income From I	Periodica	als Repo	orted o	n a Cons	olidated	Basis					_
(2) (3) (4)	1 Name of periodical		advertising			or (loss) (co col 3) If a ga	ol 2 minus iin, comput					7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(4)						4						
(4)		-+		-		-		-				
					·					- -		
Totals (carry to Part II, line (5))	(*)	- +		+		<u> </u>		+				
	Totals (carry to Part II, line (5))	•	(<u>).</u>	0							0 . Form 990-T (2018

Form 990-T (2018) GLOBAL GENEROSITY, INC. 47-52091
|Partill| Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in 47-5209151 Page 5 columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership 2 Gross costs (column 6 minus column 5, but not more than column 4) 3 Direct 5 Circulation 6 Readership advertising income . 1 Name of periodical costs advertising costs ıncome (1) (2) (3) (4) Ō. Totals from Part I 0. 0. Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) 0. 0 . Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees 3 Percent of time devoted to business 4 Compensation attributable to unrelated business 2 Title 1 Name (1) % % (2) % (3)

Form 990-T (2018)

Ō.

%

(4)

Total Enter here and on page 1, Part II, line 14

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
SOVEREIGN'S CAPITAL, LP 46-0636065 ORDINARY BUSINESS INCOME - ORDINARY BUSINESS INCOME (LOSS)	<616.>
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	<616.>

FORM 990-T	NET	OPERATING	LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	1,175.		0.	1,175.	1,175.
NOL CARRYO	VER AVAILABLE THIS	YEAR		1,175.	1,175.