3STRANDS GLOBAL FOUNDATION PUBLIC DISCLOUSRE COPY FORM 990 TAX YEAR 2018

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

Go to www.irs.gov/Form990 for instruction . . .

2018 Open to Public

OMB No. 1545-0047

	Bo to www.iis.gov/romisso for instructions and th			Inspection
A FOF	the 2018 calendar year, or tax year beginning 01/01, 2018, and e	ending		/30,20 18
B Check	if applicable: C Name of organization 3STRANDS GLOBAL FOUNDATION		D Employer identifica	
	147600		27-4594317	1
ci	Doing business as			
-		suite	E Telephone number	
	Itial return 3941 PARK DRIVE, STE. 20-200		(916) 365-2	606
te	rminated			
re	tum Eli DORADO ITTILIS, CA 93762	_	G Gross receipts \$	554,94
	anding A Hame and address of philoparonicer. ASHLIE BRIANT		H(a) is this a group return subordinates?	for Yes X
<u>і т</u>	3941 PARK DR., STE. 20-200 EL DORADO HILLS, CA	95762	H(b) Are all subordinates inc	luded? Yes
	exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a lis	st. (see instructions)
	ssite: WWW.3SGF.ORG		H(c) Group exemption nu	
the second se	m of organization: X Corporation Trust Association Other	Year of forma	tion: 2010 M State of	of legal domicile: C
Part				
1	y set and the engenness of mooren of moorengimedant douvlies.	GLOBAL F	TOUNDATION	
Activities & Governance	MOBILIZES COMMUNITIES TO COMBAT HUMAN TRAFFICKING TH	ROUGH PF	REVENTION	
Inal	EDUCATION AND REINTEGRATION PROGRAMS.			
2	in the digital and of the operations of dispused of m	ore than 25%	of its net assets.	
ອັ 3	Number of voting members of the governing body (Part VI, line 1a)			11
90 4 91 4	Number of independent voting members of the governing body (Part VI, line 1b)	$\mathbf{\nabla}$	4	11
ji 5			5	0
(j) 6	Total number of volunteers (estimate if necessary)		6	50
1 1 1	a Total unrelated business revenue from Part VIII, column (C), line 12	8		0
	Net unrelated business taxable income from Form 000 T. (inc. 20			
			Prior Year	Current Year
a 8	Contributions and grants (Part VIII, line 1h)		733,114.	434,447
9 9 10	Program service revenue (Part VIII line 2g)	· · ·	0.	
a 10	Investment income (Part VIII, column (A), lines 3, 4, and 7		0.	0
2 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,085.	89,130
12	Total revenue - add lines 8 through 11 (must equal Pan VM, column (A), line 12)	•••	764,199.	523,577
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		43,069.	8,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	1.1		0,000
o 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• *		
2 16:	Professional fundraising fees (Part IX, column (A), line 11e)	· · ·	383,631.	278,235
15 16 Exbeuses	o Total fundraising expenses (Part IX, column (D), line 25) ► 4,460	· ·	0.	4,460
<u>ن</u> 17		_	053.000	100 000
18	Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e)	•••	253,896.	178,064.
19	Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)	· · ·	680,596	468,759.
	Revenue less expenses. Subtract line 18 from line 12		83,603.	54,818.
20	Total accosts (Part X line 12)	Beginn	ning of Current Year	End of Year
q Balances 20 21	Total assets (Part X, line 16)		223,477.	272,835.
22	Total liabilities (Part X, line 26)		13,422.	7,962.
art II	Net assets or fund balances. Subtract line 21 from line 20		210,055.	264,873.
ue, corr	nalities of perjury, I declare that I have examined this return, including accompanying schedules and e ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	statements, an	id to the best of my kno owledge.	wiedge and belief, it is
	A A A A A A A A A A A A A A A A A A A	Canada a		
ign	Signature of officer	SIGNH		
ere	Achina Browner CFA		Date 05/13	2/19
	Type or print name and title		-1100	117
	Drink/Turne managements and a second se		معالي ومناصب ماله	
ld	Date		Check if PTIN	N
eparer	MICHAEL J ENGLE			P00482834
e Only	Firm's name BKD, LLP	F	Firm's EIN 🕨 44-016	50260
	Firm's address >1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246	1	Phone no. 816-22	21-6300
ay the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No
Dama	manufaction and a state of the			

For Paperwork Reduction Act Notice, see the separate instructions.

JSA

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter filer's identifyin	g nu	mber, see ins	tructions		
Type or	Name of exempt organization or other filer, see in	structions.	E	Employer identification nu	mbe	r (EIN) or			
print	2000ANDS CLODAL FOUNDABLON			27 450421	7				
File by the	3STRANDS GLOBAL FOUNDATION	v. ooo inotru	ationa	27-459431					
due date for	ue date for 2001 DARK DETVE COME 20.200								
filing your return. See									
instructions.	City, town or post office, state, and ZIP code. For EL DORADO HILLS, CA 95762	a loreign ad							
						Г	01		
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	each return)		L			
Application		Return	Application			R	eturn		
Is For		Code	Is For			C	Code		
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation	n)			07		
Form 990-B	L	02	Form 1041-A				08		
Form 4720	(individual)	03	Form 4720 (other than	individual)			09		
Form 990-Pl	F	04	Form 5227				10		
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
Form 990-T	(trust other than above)	06	Form 8870				12		
Telephon If the organised of the organised of the whole	s are in the care of ► 2603_WILLOWDALE e No. ► 916_365-2606 anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box	business ir ur digit Gro f it is for pa ion is for.	Fax No. ► the United States, check pup Exemption Number (G art of the group, check th	this box EN) s box ►		If this is and attach	► □		
for the	organization named above. The extension is calendar year 20 or	for the org	anization's return for:						
X	tax year beginning01/0	1,201	⁸ , and ending	06/30 .:	20 🤇	18.			
2 If the t	ax year entered in line 1 is for less than 12 m Change in accounting period		_						
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 472	0, or 6069, enter the te	entative tax, less any					
	undable credits. See instructions.				3a	\$	0.		
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any ref	undable credits and					
	ted tax payments made. Include any prior yea				3b	\$	0.		
c Balanc	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if req	uired, by using EFTPS					
	onic Federal Tax Payment System). See instru				3c	1	0.		
Caution. If yo	u are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, see	Form 8453-EO and Form	887	9-EO for page	yment		
instructions.									
For Privacy A	Act and Paperwork Reduction Act Notice, see instr	ructions.			Form	n 8868 (Rev	. 1-2017)		

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-	rm 990 (2018)	Page 2
Pa	art III Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	••••
1	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:)(Expenses \$ 254,858. including grants of \$ 0.)(Revenue \$	o.)
	PROTECT PROGRAM - SEE SCHEDULE O	/
4b	(Code:) (Expenses \$ 50,972. including grants of \$ 8,000.) (Revenue \$	0.)
	REINTEGRATION PROGRAM - SEE SCHEDULE	
	·	
_		
4c	Code: (Code:) (Expenses \$ 33,981. including grants of \$ 0.) (Revenue \$ 0.)	0.)
	MOBILIZATION PROGRAM - SEE SCHEDULE O	
44	I Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$)	
4e	e Total program service expenses ► 339,811.	
JSA		Form 990 (2018)
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3STRANDS GLOBAL FOUNDATION

-	90 (2018)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A.	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
-	election in effect during the tax year? If "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,	_		
c	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	'		
U	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
5	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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		Х
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		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.45		v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		Х
46	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
15	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		Х
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		X
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		X
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?			3.7
	If "Yes," complete Schedule L, Part I.	25b		X
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			v
07	disqualified persons? If "Yes," complete Schedule L, Part II.	26		X
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	07		Х
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L Part III</i>	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):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L, Part IV.	28b	х	
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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			v
~-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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.	20	Х	
Part		38		
T al l	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
5	reportable gaming (gambling) winnings to prize winners?	1c		Х
JSA			990	(2018)

Form	990 (2018)		F	Page 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
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 0.									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
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 account)?									
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 (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	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		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
	f Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
-	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 									
8										
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
a	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								
	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	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.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
~	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			·						
	excess parachute payment(s) during the year?	15								
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16								
	If "Yes," complete Form 4720, Schedule O.									

Form 9	990 (2018) 3STRANDS GLOBAL FOUNDATION 27-459	4317	F	Page 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			1
			Yes	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		3.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>,</u>	Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	Na
			res	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.01		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a		11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			v
	rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10	v	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	A	
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?	4.5-	Х	
а	The organization's CEO, Executive Director, or top management official	15a	Λ	X
b	Other officers or key employees of the organization	15b		Δ
	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	10-		X
	with a taxable entity during the year?	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 organization's exempt status with respect to such arrangements?	4.0%		
Sect		16b		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA, UT$,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	(Sec	tion 5	01(c
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
	financial statements available to the public during the tax year.	1. 5		
20	State the name, address, and telephone number of the person who possesses the organization's books and record DENISE JOHNSON 2603 WILLOWDALE DRIVE EL DORADO HILLS, CA 95762 916-365-2606	is 🕨		
		Form	990	(2018)

Page	7

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

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

 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe d a d	erson	e than of is both or/truste	an	(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)STEPHEN NOLTE	2.00	C	\mathcal{O}							
DIRECTOR/CHAIRMAN	0.	X		Х				0.	0.	0.
(2)JENNIFER BULOTTI	2.00							_		_
DIRECTOR	0.	X						0.	0.	0.
(3)BARRY DAVIS	2.00							0	0	0
DIRECTOR/TREASURER	0.	Х		Х				0.	0.	0.
(4)MARK MCCOMBE	2.00							0	0	0
DIRECTOR	0.	Х						0.	0.	0.
(5)LISA COHEN	2.00							0	0	0
DIRECTOR	0.	Х						0.	0.	0.
(6)LAUREN ACKERMAN DIRECTOR	2.00	X						0.	0.	0.
(7)CHAD ROMINE	2.00							0.	0.	
DIRECTOR	0.	x						0.	0.	0.
(8)GAMIL CAIN	2.00	- 23						0.	0.	•
DIRECTOR	0.	X						0.	0.	0.
(9)TINA FERGUSON	2.00									
DIRECTOR	0.	X						0.	Ο.	0.
(10)HILARY DECESARE	2.00									
DIRECTOR	0.	Х						0.	Ο.	0.
(11)MICHAEL GELBER	2.00									
DIRECTOR	0.	Х						Ο.	Ο.	0.
(12)RAY BRYANT	40.00									
INTERIM COO	0.	Х		Х				Ο.	Ο.	Ο.
(13)ASHLIE BRYANT	40.00									
CEO	0.	1		Х				0.	Ο.	0.
(14)CARRIE JACOBSTEIN	40.00									
DIRECTOR OF OPERATIONS	0.			Х				0.	Ο.	0.

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3STRANDS GLOBAL FOUNDATION

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es, a	and H	ligl	nest Compensat	ed Employ	yees (co	ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos neck ss pe	more erson i	than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	(F) Estima amour othe compen	ated nt of er
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from organiz and rel organiza	ation ated
								- 02	-			
								5				
	+						.(3				
					C	$\mathbf{\hat{\mathbf{N}}}$						
				C	5	2						
		C	C									
)									
1b Sub-total							►	0.		0.		0.
c Total from continuation sheets to Part VII, s d Total (add lines 1b and 1c)			•••	•••	•••			0.		0.		0.
2 Total number of individuals (including but not reportable compensation from the organization	limited to t	hose I 0.		d al	bove	e) who	o re	ceived more than	\$100,000	of		
3 Did the organization list any former offic		r or	tru	ister			mn	lovee or highes	t compens	ated	Ye	es No
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividu	ual	•••	• • •	• •				3	X
4 For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i>	eater than	\$15	0,0	00?	' If	"Yes	," (complete Schedu	le J for	the such	4	X
 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i>Y 	accrue co	mpen	satio	on f	from	any	uni	related organization			5	X
Section B. Independent Contractors			<u>ouu</u>		101	ouon			<u></u>			
1 Complete this table for your five highest con compensation from the organization. Report or year.												
(A) Name and business ad	dress							(B) Description of se	ervices	Co	(C) ompensatio	on
2 Total number of independent contractors (i more than \$100,000 in compensation from the second seco							e li	sted above) who	received			

Par	t VII		ana ar nata ta ar	viling in this Dort V			
		Check if Schedule O contains a respon	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
b, C Am	c	Fundraising events	39,818.				
Gifi İlar	d	Related organizations					
ns, Sim	е	Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants,					
2th Dth		and similar amounts not included above _ 1f	394,629.				
ont od (g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		434,447.			
Program Service Revenue			Business Code				
evel	2a						
e Re	b						
vice	c						
Ser	d						
am	е						
ogr	f	All other program service revenue					
Pr	g	Total. Add lines 2a-2f	<u> • </u>	0.			
	3	Investment income (including divider	nds, interest,				
		and other similar amounts)	•	0,			_
	4	Income from investment of tax-exempt bond	proceeds . 🕨)		
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	с	Rental income or (loss)	C				
	d	Net rental income or (loss).		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	. <u></u>	0.			
e	8a	Gross income from fundraising					
enu		events (not including \$39,818.					
Rev		of contributions reported on line 1c).					
er		See Part IV, line 18	93,575.				
Other Revenue	b	Less: direct expenses b	23,710.				
	с	Net income or (loss) from fundraising events	<u></u> ▶	69,865.			69,865.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0.				
	b	Less: direct expenses b	0.				
	с	Net income or (loss) from gaming activities	· <u>· · · · · · • • • · · • • · · • • · · • • • · · • • • · · •</u>	0.			
	10a	Gross sales of inventory, less returns and allowancesa	13,423.				
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory.	<u> </u>	5,766.			5,766.
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	13,499.			13,499.
	b						
	с						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🕨	13,499.			
	12	Total revenue. See instructions.		523,577.			89,130.

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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 response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. (D) Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 8,000 8,000 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 71,537. 60,806. 10,731 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 31,031 155,156. 124,125. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 6,679 5,677 1,002 9 Other employee benefits 38,133 6,730. 44,863. 10 11 Fees for services (non-employees): 0 a Management 3,558. 088 2,470 **b** Legal 22,453 20,567 1,886. c Accounting 0 d Lobbying 4,460 4,460. 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 17,634. 6,997 (A) amount, list line 11g expenses on Schedule O.). . 10,254. 14,241 24,495 12 Advertising and promotion 14,751 10,316. 4,435. 13 Office expenses 17,224. 10,924. 6,300. 14 Information technology... 0 15 Royalties 13,421. 4,026. 9,395 Occupancy 16 19,309. 37,992. 18,683. 17 Travel Payments of travel or entertainment exp 18 ense 0 for any federal, state, or local public officials 430. 430 Conferences, conventions, and meetings 19 0 20 Interest 0. 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 11,665. 7,389. 4,276. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROTECT LICENSE FEES 6,418. 6,418. **b**CREDIT CARD FEES 1,017. 1,017. cGRACE PACKS 9 9 d e All other expenses 468,759. 339,811. 124,488 4,460. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0.

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following SOP 98-2 (ASC 958-720)

3STRANDS GLOBAL FOUNDATION

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	207,792.	1	257,150
2	Savings and temporary cash investments	0.	2	
3	Pledges and grants receivable, net	15,685.	3	15 , 68
4	Accounts receivable, net	0.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	O was here Dept II of O should be	0.	5	
6	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	0.	6	
7 8	Notes and loans receivable, net	0.	7	
8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	0.	9	
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation	0.	10c	
11	Investments - publicly traded securities	0.	11	
12	Investments - other securities. See Part IV, line 11	0.		
13	Investments - program-related. See Part IV, line 11	0.		
14		0.	14	
15	Intangible assets . Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	223,477.		272,83
17		3,422.	17	7,96
18	Accounts payable and accrued expenses	0.		
19	Deferred revenue	0.		
20	Tax-exempt hond liabilities	0.		
21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part V of Schedule D	0.	21	
	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L	10,000.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.		
25	Other liabilities (including federal income tax, payables to related third		27	
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25.	13,422.	26	7,96
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			· · ·
	complete lines 27 through 29, and lines 33 and 34.	010 055		0.64.05
27	Unrestricted net assets	210,055.	27	264,87
28	Temporarily restricted net assets	0.	28	
29	Permanently restricted net assets	0.	29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	210,055.	33	264,87
34	Total liabilities and net assets/fund balances	223,477.	34	272,83

3strands	GLOBAL	FOUNDATION

	3STRANDS GLOBAL FOUNDATION	27-459	4317		
_	90 (2018)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	68,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		54,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	210,0	
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2	264,8	373.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversiaht			
	of the audit, review, or compilation of its financial statements and selection of an independent act		2c		
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-1337		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
				990	(2018)
	NO [*]				
	PUDI				
	X				
	$\overline{\mathbf{v}}$				

SCHEDULE A (Form 990 or 990-EZ)

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

	nal Re	evenue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection	
Nam	e of t	he organization						Employer identifi	cation number	
_		NDS GLOBAL						27-45943		
	rt I			•	organizations must c			,	s	
	orga		•		is: (For lines 1 throug		•	,		
1					tion of churches desc					
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) .									
4		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.)								
6		A federal, stat	te, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	X	An organizatio	on that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community	trust describe	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)		1		
9					ed in section 170(b)(1		operated	l in conjunction with a	land-grant college	
		or university o university:	r a non-land-	grant college of ag	griculture (see instruct	ions). Er	nter the i	name, city, and state o	f the college or	
10		An organization receipts from support from a acquired by the	activities rela gross investm ne organizatio	ted to its exempt f nent income and u n after June 30, 1	ore than 331/3 % of its functions - subject to or nrelated business tax 975. See section 509	certain e able inco (a)(2). (C	xception ome (less complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its	
11 12	$\left - \right $	-	-		usively to test for publi				orry out the purpage	
12		-	-						carry out the purposes see section 509(a)(3).	
				· · _						
				-				-	nes 12e, 12f, and 12g.	
а		•••		•	, supervised, or contr	•		•		
					regularly appoint or e		ajority of	the directors or truste	es of the	
_			•		e Part IV, Sections A					
b					ed or controlled in co					
			-		rganization vested in	the sam	e person	is that control or man	age the supported	
			. ,		, Sections A and C.					
С					ng organization opera				lly integrated with,	
	_		-		ns). You must comple					
d			-		porting organization o					
					nization generally mus				d an attentiveness	
	_				omplete Part IV, Sect					
е					a written determinatio			•••••••	II, Type III	
	_				ionally integrated sup			ion.		
t							• • • •			
g					orted organization(s).				()	
	(I) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))		ment?	instructions)	instructions)	
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Tot	al									

Schedule A (Form 990 or 990-EZ) 2018

27-4594317

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	179,987.	500,976.	740,632.	733,114.	434,447.	2,589,156.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	179,987.	500,976.	740,632.	733,114.	434,447.	2,589,156.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount				2		211 710
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4				- N		311,718.
	tion B. Total Support						2,277,438.
-	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	179,987.	500,976.	740,632.	733,114.	434,447.	2,589,156.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24.	20 , 503				20,528.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		0	2			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <u>ATCH. 1</u>	Ċ	S	700.	4,452.	13,499.	18,651.
11	Total support. Add lines 7 through 10						2,628,335.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	310,867.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2018 (li						86.65%
15	Public support percentage from 2017					15	85.82 %
16a	331/3% support test - 2018. If the org	-					
	box and stop here . The organization qu						
b	331/3% support test - 2017. If the org						
47-	this box and stop here . The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t			•	•		
h	organization.						
a	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization						-
	Explain in Part VI how the organization				-		
18	supported organization						
10	instructions						

Schedule A (Form 990 or 990-EZ) 2018

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.)

Jaiel	ndar voar (or fiecal voar boginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2013	(0) 2010	(u) 2017	(e) 2010	(1) 10tai
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	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						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3				1		
5	received from other than disgualified						
	persons that exceed the greater of \$5,000			.0.			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		C				
	line 6.)			0			
Sec	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	ndar year (or fiscal year beginning in) ► Amounts from line 6,						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	Ó	2				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	•					
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	•					
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or	•					
	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	•					
12	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•					
	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•					
12 13	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	or the organiza	tion's first seco	nd third fourth	or fifth tax ve	ear as a section	501(c)(3)
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f	-			•		
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here				•		
12 13 14 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup	port Percenta					· · · · ►
12 13 14 <u>Sec</u> 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8	port Percenta , column (f), divid	ge led by line 13, colu	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15	· · · · ► [
12 13 14 <u>Sec</u> 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	p ort Percenta , column (f), divid edule A, Part III, lin	ge led by line 13, colu ne 15	mn (f))	· · · · · · · · · · · · · · · · · · ·		· · · · ► [
12 13 14 <u>Sec</u> 15 <u>16</u> Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Scher tion D. Computation of Investmen	port Percenta , column (f), divid edule A, Part III, lin t Income Perc	ge led by line 13, colu ne 15 centage	mn (f))		. 15 16	►
12 13 14 <u>Sec</u> 15 16 Sec 17	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li	port Percenta , column (f), divid edule A, Part III, lin t Income Perc ne 10c, column (ge led by line 13, colu ne 15 centage f), divided by line	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17	
12 13 14 <u>Sec</u> 15 16 Sec 17 18	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage from 2017	port Percenta , column (f), divid edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part	ge led by line 13, colu ne 15 centage f), divided by line III, line 17	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17 18	
12 13 14 <u>Sec</u> 15 16 Sec 17 18	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage for 2018 (line 8 Public support percentage for 2018 (li Investment income percentage for 2018 (li Investment income percentage from 2017 331/3% support tests - 2018. If the or	port Percenta , column (f), divid edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n	ge led by line 13, colu ne 15 centage f), divided by line III, line 17 ot check the box	mn (f))	d line 15 is mor	. 15 16 17 18 e than 331/3%, a	and line
12 13 14 <u>Sec</u> 15 16 17 18 19 a	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li Investment income percentage from 2017 331/3% support tests - 2018. If the or 17 is not more than 331/3%, check th	port Percenta , column (f), divided edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto	ge led by line 13, colu he 15 centage f), divided by line III, line 17 ot check the box p here. The orga	mn (f))	d line 15 is mor s as a publicly	. 15 16 17 18 e than 331/3%, a supported organi	· · · · ► 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
12 13 14 <u>Sec</u> 15 16 17 18 19 a	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	port Percenta , column (f), divided adule A, Part III, lin t Income Percent ne 10c, column (Schedule A, Part ganization did not is box and stop anization did not	ge led by line 13, colu ne 15 centage f), divided by line III, line 17 ot check the box p here. The organise check a box on	mn (f))	d line 15 is mor s as a publicly a, and line 16 is	15 16 17 18 e than 331/3 %, s supported organic more than 331/3	▶ 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
12 13 14 <u>Sec</u> 15 16 17 18 19 a	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li Investment income percentage from 2017 331/3% support tests - 2018. If the or 17 is not more than 331/3%, check th	port Percenta , column (f), divided edule A, Part III, lin t Income Percent ne 10c, column (Schedule A, Part ganization did ne is box and stop anization did not this box and s	ge led by line 13, colu ne 15 centage f), divided by line III, line 17 ot check the box p here. The orga check a box on top here. The or	mn (f))	d line 15 is mor s as a publicly Da, and line 16 is es as a publicly	15 16 17 18 e than 331/3 %, a supported organic more than 331/3 supported organic	

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

27-4594317

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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 V** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 described 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.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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 integrated 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, to determine whether the organization had excess business holdings.)

3STRANDS GLOBAL FOUNDATION

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		
Section	on B. Type I Supporting Organizations		Vaa	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	$\sim 0^{1}$		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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		
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		
Section	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form	990 or	990-EZ	2018

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	trust o	n Nov. 20, 1970 (expla	,
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		
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		

instructions).

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Part		Supporting Organizat	tions (continued)	0 ()/
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organiz	zations	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014	0		
С	From 2015	S		
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
-				

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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.)

	OULED INCOM				ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	£				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER INCOME			700.	4,452.	13,499.	18,651.
TOTALS			700.	4,452.	13,499.	18,651.

Public Disclosure

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

3STRANDS GLOBAL FOUNDATION

Employer identification number

		27-4594317
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundati	on
	501(c)(3) taxable private foundation	
Check if your organization is co	overed by the General Rule or a Special Rule.	
	, (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See
General Rule	205	
-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contribut r property) from any one contributor. Complete Parts I and II. See instruction ontributions.	-
Special Rules		
regulations under sec 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/ actions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 c I that received from any one contributor, during the year, total contributions If the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)
contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re he year, total contributions of more than \$1,000 <i>exclusively</i> for religious, cha hal purposes, or for the prevention of cruelty to children or animals. Complet nstead of the contributor name and address), II, and III.	aritable, scientific,
contributor, during th contributions totaled during the year for ar General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re- ne year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions n <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the p is to this organization because it received <i>nonexclusively</i> religious, charitable, nore during the year	t no such that were received parts unless the , etc., contributions
990-EZ, or 990-PF), but it must	sn't covered by the General Rule and/or the Special Rules doesn't file Scher t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H certify that it doesn't meet the filing requirements of Schedule B (Form 990,	l of its Form 990-EZ or on its

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP+4	Total contributions	Type of contribution
4		\$9,517.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

JSA

Name of organization 3STRANDS GLOBAL FOUNDATION

Employer identification number 27-4594317

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$-087	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

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ame of organization 3STRANDS GLOBAL FOUNDATION	Employer identification number
	27-4594317
Part III Exclusively religious, charitable, etc., contributions to organiz (10) that total more than \$1,000 for the year from any one of	
the following line entry. For organizations completing Part III, er contributions of \$1,000 or less for the year. (Enter this information	nter the total of exclusively religious, charitable, etc.
Use duplicate copies of Part III if additional space is needed.	
(a) No.	

(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
			30	
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No		<u>, , , , , , , , , , , , , , , , , , , </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		• — — — — — — — — — — — — — — — — — — —		
		·		
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamin	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	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.					2018
Department of the Treasury		Attach to Form 990 or Form 990-EZ.					Open to Public
Internal Revenue Service	► G	Go to www.irs.gov/Form990 for instructions and the latest instructions.					Inspection
Name of the organization 3STRANDS GLOBAL	FOINDATION					Employer identificat 27-4594317	
	ing Activities. Com	plete if the orga	nization a	answered	d "Yes" on Form		
	0-EZ filers are not i	• •					
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicita		e			non-government g		
	email solicitations	f			government grants	6	
c Phone solic		g	Spec	cial fundra	aising events		
d In-person so		1					
2a Did the organiza	es listed in Form 990						Yes No
	10 highest paid indiv					-	
	least \$5,000 by the o				-		
		Ι			1		1
(i) Name and add	ess of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fu		(ii) Activity		r control of utions?	from activity	fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1							
2					0.		
					V		
3							
4				S			
5							
6			\mathcal{P}				
7			•				
8	4						
9		$\mathbf{D}_{\mathbf{r}}$					
10		•					
10							
Total				►			
	which the organizat	tion is registered o	or licensed	l to solici	t contributions or	has been notified	it is exempt from
registration or lic	ensing.						
For Paperwork Reduction A	Act Notice, see the Instruct	tions for Form 990 or 9	90-EZ.			Schedule G (Fo	orm 990 or 990-EZ) 2018

Sche	dule	e G (Form 990 or 990-EZ) 2018				Page 2
Ра	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts groups	aising event contribut			
			(a) Event #1 BIG DAY OF GIVI	(b) Event #2 BOYA	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	30,205.	103,188.	0.	133,393.
Re	2	Less: Contributions	9,517.	30,301.		39,818.
		Gross income (line 1 minus				
		line 2)	20,688.	72,887.	0.	93,575
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			-	
t Expe	7	Food and beverages	626.			626
lirec	8	Entertainment		C		
		Other direct expenses		14,412.		23,084
	10	Direct expense summary. Add lin	oc 4 through 0 in colu	mn (d)		23,710
		Net income summary. Subtract li			••••••	69,865
Pa	rt I	Gaming. Complete if the org	anization answered "			reported more than
		\$15,000 on Form 990-EZ, lin	ie 6a.			
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	j's			
enses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
ם	5	Other direct expenses				
		Volunteer labor	Yes %	>Yes% No	Yes%	,
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b	l	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	Yes No
0a k		Were any of the organization's gaming If "Yes," explain:				Yes No
	,					

	3STRANDS GLOBAL FOUNDATION 27-4	594317	
Sched	ule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	. Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility 13a		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		70
14	records:		
	Name ▶		
	·		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the	9	
	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	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizatio	ns	
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Part			
	Part III, lines 9, 96, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inf	ormation	
	(see instructions).		

(Form 990) Governments and Individuals in the United States	OMB No. 1545-0047					
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2018					
N Attach to Form 990						
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.	Inspection					
Name of the organization Employer identification	on number					
3STRANDS GLOBAL FOUNDATION 27-459431	7					
Part I General Information on Grants and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and						
	X Yes No					
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.						
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ye Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	∍s" on Form 990 ,					
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non- cash assistance (book, FMV, appraisal, other) (b) Method of valuation (b) Description of noncash assistance	(h) Purpose of grant or assistance					
(1) AGAPE INTERNATIONAL MISSIONS						
151 NORTH SUNRISE AVENUE, STE 1006 94-3100052 501(C)(3) 8,000.	VOCATIONAL TRAINING					
(4)						
(5)						
(6)						
(9)						
(10)						
(11)						
(12)						
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	1.					
	edule I (Form 990) (2018)					

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3strani	DS GLOBAL	FOUNDATION

STRANDS GLOBAL FOUNDATION					27-4594317
Schedule I (Form 990) (2018) Part III Grants and Other Assistance to Dome Part III can be duplicated if additional sp			he organization	answered "Yes" on For	Page 2 rm 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
				-07	
5				$C^{O^{\chi}}$	
_ 6			-		
7 Part IV Supplemental Information. Provide the	e information re	equired in Part I	line 2 Part III	Column (b): and any oth	er additional
information. SCHEDULE I, PART II, LINE 1			<u> </u>		
THE 2017 3STRANDS GLOBAL FOUNDATION B	ENEFICIARIE:	s were a war d	ED FUNDING (N	
JANUARY 31ST, 2018. THEY ARE REQUIRED	TO SUBMIT 2	a 6- month re	PORT BY JULY	Y	
31ST, 2018 AND A FINAL REPORT ON JANU.	ARY 31ST, 2	019.			
THE 6-MONTH BENEFICIARY MONITORING RE	PORT ASKS TI	HE FOLLOWING	:		
- AMOUNT OF FUNDS RECEIVED	२ ~				
- BUDGETED ITEMS AND COSTS	•				
- EXPLANATION IF THERE ARE ANY DISCRE	PANCIES				
- AUTHORIZED SIGNATURE, ORGANIZATION'	S NAME, TAX-	-ID			

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Schedule I (Form 990) (2018)

3STRANDS	GLOBAL	FOUNDATION
00110100	0100111	10010011111011

Part III Grants and Other Assistance to I Part III can be duplicated if addition	Domestic Individuals	s. Complete if t	he organization	answered "Yes" on Forr	n 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
l					
i					
L				6	
i				CO^{\times}	
3				0	
,				6	
art IV Supplemental Information. Provid information.	le the information re	equired in Part I	, line 2, Part III,	column (b); and any othe	er additional
		•	0		
HE 1-YEAR BENEFICIARY MONITORING	REPORT ASKS THE	E FOLLOWING:	5		
AMOUNT OF FUNDS RECEIVED		(N)			
BUDGETED ITEMS AND COSTS					
EXPLANATION IF THERE ARE ANY DIS	SCREPANCIES	S.			
IMPACT OF FUNDING ON ORGANIZATIO	DN, PROGRAM, SUB	RVIVORS, ETC			
WERE OBJECTIVES MET? PLEASE DES	CRIBE IN DETAIL	HOW THE OBJ	ECTIVES		
WERE MET	*				
AUTHORIZED SIGNATURE, ORGANIZAT	ION'S NAME, TAX-	-ID			

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SCHEDULE								Persons		╞	OME	3 No. 1	545-00)47
(Form 990 or Department of the	e Treasury		28b, or 28c, ► Att	, or Fe tach t	orm 99 o Form	0-EZ, Part V, ∣ 990 or Form	line 38 990-E2	Ζ.		28a,		2(() ' pen To		C
Internal Revenue		►Go to	www.irs.gov/i	-ormy	90 for	instructions a	ind the	e latest information				specti		
Name of the orga									Employer			numbe	er	
	GLOBAL FOU									4594				
								501(c)(29) orga 25a or 25b, or F				line 4	0b.	
	ame of disqualified	person	(b) Relatio	nship	between organiz	disqualified pers ation	on and	(c) [escription	of trans	action		- F	l) Corrected
(1)														
(2)														
(3)														
(4)														
(5)														
(6) 2 Enter th								d persons during						
3 Enter th	ection 4958 . ne amount of ta	ax, if any, on li	ne 2, above, sted Persons	reim	bursed	by the orga	nizatio	on	<u>}</u>		►\$_ \$_			
	omplete if the ganization rep							ine 38a or Form	990, Par	t IV, lir	ne 26;	or if tl	he	
(a) Name of i	nterested person	(b) Relationship with organization	(c) Purpose of Ioan	fro	oan to or m the nization?	(e) Origin principal am		(f) Balance due	(g) In	default?	by bo	proved oard or nittee?		/ritten ement?
(1)				То	From	6)		Yes	No	Yes	No	Yes	No
(2)														
(3)						\sim								
(4)						<u> </u>								
(5)				•	5									
(6)														
(7)) ·									
(8)			6											
(9)														
(10)														
Total			\frown	1				\$						
Part III G	rants or Assis													
(a) Name of i	nterested person		p between intere the organization		c) Amou	int of assistance		(d) Type of assistance	e	(e)	Purpo	se of as	sistanc	e
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
	Reduction Act	Notice, see the	Instructions	for Fo	orm 990) or 990-EZ.			Sch	edule L	. (Form	990 or	990-E	Z) 201

Page **2**

Schedule L (Form 990 or 990-EZ) 2018

Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990 Part IV line 28a 28b or 28c

	ered Yes on Form 990, Par	IV, line 28a, 28b	, of 28C.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1) SEE PART IV					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 1

- A) ASHLIE BRYANT, CEO
- B) SPOUSE OF RAY BRYANT, A DIRECTOR AND SECRETARY OF 3STRANDS GLOBAL FOUNDATION
 C) 48,076
 D) COMPENSATION
 E) NO

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. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 18 Open to Public Inspection

Department of the Treasury Internal Revenue Service

FORM 990, PART III, LINE 1

THE MISSION OF 3STRANDS GLOBAL FOUNDATION IS TO HELP CREATE A WORLD FREE FROM HUMAN TRAFFICKING. THIS STARTS WITH PREVENTING THE CRIME IN THE FIRST PLACE. 3STRANDS GLOBAL FOUNDATION PROVIDES PREVENTION EDUCATION PROGRAMS IN SCHOOLS DESIGNED TO HELP EDUCATORS AND STUDENTS IDENTIFY AND PREVENT INSTANCES OF HUMAN TRAFFICKING. THE NON-PROFIT ALSO WORKS WITH STRATEGIC PARTNERS TO HELP REINTEGRATE VICTIMS BACK INTO SOCIETY THROUGH EMPLOYMENT. THE ORGANIZATION SUPPORTS AND MANAGES DOMESTICALLY AND EMPLOYMENT PROGRAMS FOR SURVIVORS AND THOSE AT RISK BOTH INTERNATIONALLY. 3STRANDS GLOBAL FOUNDATION ALSO PROVIDES BREAK FREE RUNS AND OTHER AWARENESS EVENTS TO ENGAGE AND MOBI INDIVIDUALS, ORGANIZATIONS AND COMMUNITIES TO DO SOMETHING ABOUT HUMAN TRAFFICKING.

FORM 990, PART III, LINE 4A PROTECT

PROTECT IS A SYSTEMATIC AND SCALABLE HUMAN TRAFFICKING PREVENTION EDUCATION PROGRAM THAT TEACHES STUDENTS THE SIGNS AND TACTICS OF TRAFFICKERS SO THEY ARE ABLE TO PROTECT THEMSELVES AND OTHERS FROM VICTIMIZATION AS WELL AS TRAINS EDUCATORS ON HOW TO RECOGNIZE WHEN A CHILD IS AT-RISK OF BEING TRAFFICKED TO CONNECT THEM TO THE RESOURCES THEY NEED. PROTECT PROVIDES ONLINE HUMAN TRAFFICKING PREVENTION EDUCATION TO SCHOOL PERSONNEL AND COUNTY STAKEHOLDERS AS WELL AS PROVIDES EDUCATORS WITH 5TH, 7TH, 9TH, AND 11TH GRADE CURRICULA AND RESOURCES TO USE IN

Schedule O (Form 990 or 990-EZ) 2018		Page 2
Name of the organization	Employer identification number	
3STRANDS GLOBAL FOUNDATION	27-4594317	

THEIR CLASSROOM TO DIRECTLY DELIVER HUMAN TRAFFICKING EDUCATION TO THEIR STUDENTS. 3STRANDS GLOBAL CO-FOUNDED THE PROTECT PROGRAM IN PARTNERSHIP WITH LOVE NEVER FAILS AND FREDERICK DOUGLASS FAMILY INITIATIVES AND IN COLLABORATION WITH THE CALIFORNIA DEPARTMENT OF EDUCATION AND THE OFFICE OF THE ATTORNEY GENERAL FOR THE STATE OF CALIFORNIA. PROTECT REDUCES THE VULNERABILITY OF CHILDREN BY IDENTIFYING AND PREVENTING HUMAN TRAFFICKING USING A STANDARDIZED, TRAUMA-INFORMED EDUCATION CURRICULUM AND SYSTEMATIC DELIVERY METHODOLOGY. PROTECT IS A STATEWIDE PROGRAM AND IS BEING IMPLEMENTED PRESENTLY IN 17 OF CALIFORNIA'S COUNTIES, UTAH, AND NORTH CAROLINA. EDUCATION IS PROTECTION. PROTECT PREVENTS THE CRIME BEFORE IT STARTS.

THE IMPACT

- I. 3STRANDS GLOBAL FOUNDATION HAS PROVIDED EDUCATION AND AWARENESS PROGRAMS FOR SCHOOLS IN CALIFORNIA FOR THE PAST SEVEN YEARS, EDUCATING MORE THAN 32,000 STUDENTS AND MORE THAN 11,000 ADULTS
- II. 3STRANDS GLOBAL FOUNDATION IS PRESENTLY IN 17 CALIFORNIA COUNTIES AND PLANS TO BE IN 40 MORE THIS YEAR.
- III. WE HAVE YEARS OF ANECDOTAL EVIDENCE THAT VETTED INSTRUCTION, WITHIN THE CONTEXT OF A WELL-DEFINED CURRICULUM, CAN HELP UP TO 98% OF THE STUDENTS UNDERSTAND THE STEPS NECESSARY TO PREVENT THEMSELVES AND OTHERS FROM BECOMING A VICTIM OF HUMAN TRAFFICKING.
- IV. WE HAVE WITNESSED FIRST-HAND HOW OUR TRAINING AND CURRICULUM

1173687

Employer identification number 27-4594317

CAN HELP OUR YOUTH AVOID A LIFETIME OF PAIN AND TRAUMA. WHEN PRESENTED WITH THE BASIC FACTS, TECHNIQUES AND TIPS, VIRTUALLY ALL STUDENTS ARE ABLE TO RECOGNIZE AND INTERNALIZE THE MEANING OF THE CRIME AND HOW TO AVOID VICTIMIZATION.

FORM 990, PART III, LINE 4B

REINTEGRATION

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3STRANDS GLOBAL'S EMPLOY + EMPOWER REINTEGRATION PROGRAM PLACES SURVIVORS OF TRAFFICKING AND HIGH-RISK YOUTH TRANSITIONAL AGED-FOSTER YOUTH AND HOMELESS YOUTH) IN SUSTAINABLE, TRAUMA-INFORMED JOES AND REFERS THEM TO THE BEHAVIORAL HEALTH SERVICES THEY NEED TO SUCCEED IN THEIR JOBS. THE PROGRAM PROVIDES ECONOMIC STABILITY, TEACHES TRANSFERABLE JOB SKILLS, AND ENHANCES THEIR EMOTIONAL WELL- BEING TO HELP SURVIVORS AND THOSE AT RISK MAKE A PROFOUND CHANGE IN THEIR LIVES.

ECONOMIC INSECURITY IS ONE OF THE MAIN VULNERABILITIES FOR THOSE EXPLOITED BY TRAFFICKERS. THE INABILITY TO SUPPORT THEMSELVES AND MAINTAIN THEIR BASIC NEEDS IS THE PRIMARY REASON SURVIVORS RETURN TO A SITUATION OF EXPLOITATION. SURVIVORS HAVE TOLD US FOR YEARS THAT THE MOST EMPOWERING ACTION WE CAN TAKE ON THEIR BEHALF IS TO HELP THEM FIND A JOB.

WE WALK ALONGSIDE SURVIVORS AND AT-RISK YOUTH TO PROVIDE SUSTAINABLE EMPLOYMENT AND THE CONSISTENT SUPPORT THEY NEED TO SUCCEED IN THEIR JOBS INCLUDING: INTERVIEW COACHING, SKILL BUILDING WORKSHOPS, JOB TRAINING, TRAUMA INFORMED CASE MANAGEMENT, COUNSELING, MENTAL HEALTH SUPPORT, AND CHECK-INS WITH A SOCIAL WORKER.

EMPLOY + EMPOWER PREPARES SURVIVORS AND HIGH-RISK YOUTH FOR A WHOLE NEW FUTURE, ONE FREE OF EXPLOITATION.

EMPLOYMENT IS PREVENTION. 90% OF LOCAL SURVIVORS OF HUMAN TRAFFICKING HAVE BEEN THROUGH THE FOSTER CARE SYSTEM. BECAUSE THERE IS A HIGH CORRELATION BETWEEN YOUTH EXPLOITED FOR SEX OR LABOR AND THE FOSTER CARE SYSTEM, IT IS CRITICAL THAT WE HAVE SERVICES AND PROGRAMS IN PLACE TO ENSURE THAT FOSTER YOUTH DO NOT BECOME VICTIMS.

THE IMPACT

- I. PROGRAM HAS YIELDED AN 80% RETENTION RATE IN YEAR 1
 II. 130 YOUTH EMPLOYED IN 2017-2018 IN THE SACRAMENTO AREA
 III. INCREASE IN THE PROGRAM PARTICIPANTS' PERCEPTION OF
 SELF-WORTH, CONFIDENCE IN THEIR JOB SKILLS, AND KNOWLEDGE
 OF THE SERVICES AVAILABLE TO THEM.
- IV. ULTIMATELY, THE IMPACT OF THE EMPLOY + EMPOWER PROGRAM CAN BE SEEN BY THE SURVIVORS WHO ARE NOT RE-EXPLOITED FOR SEX OR LABOR WHILE WORKING IN THEIR JOBS.

FORM 990, PART III, LINE 4C

MOBILIZATION

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THE FIGHT AGAINST HUMAN TRAFFICKING IS GLOBAL AND MULTI-FACETED EFFORT. AT 3STRANDS GLOBAL WE STAND ON THREE PRINCIPLES IN COMBATTING THIS CRIME.

 STOP THE CRIME BEFORE IT STARTS THROUGH PREVENTION EDUCATION,
 REINTEGRATE SURVIVORS AND THOSE AT RISK INTO SUSTAINABLE JOBS AND
 MOBILIZE COMMUNITIES TO BE AWARE OF HUMAN TRAFFICKING AND STAND UP AGAINST IT HAPPENING IN THEIR NEIGHBORHOODS AND COMMUNITIES.

WITH THAT IN MIND, EVERY YEAR, 3STRANDS GLOBAL FOUNDATION HOSTS BREAK FREE RUNS, 5K/10K RUN/WALK, IN CA AND VIRTUALLY TO RAISE AWARENESS AND FUNDS TO COMBAT HUMAN TRAFFICKING. INDIVIDUALS CAN PARTICIPATE IN THESE BREAK FREE RUNS IN CALIFORNIA OR VIRTUALLY ANYWHERE IN THE WORLD. THEY GIVE PEOPLE A WAY TO MOBILIZE COMMUNITIES TO ENGAGE IN THE ISSUE AND JOIN THE FIGHT AGAINST HUMAN TRAFFICKING, 3STRANDS GLOBAL FOUNDATION HAS HOSTED MORE THAN 30,000 INDIVIDUALS FROM AROUND THE WORLD VIRTUALLY AND IN CALIFORNIA AT BREAK FREE BUNS. 3STRANDS GLOBAL ALSO MOBILIZES COMMUNITIES THROUGH A GRACEPAK PROGRAM. THIS PROGRAM ENCOURAGES GROUPS SUCH AS; SCHOOLS, FAITH BASED ORGANIZATIONS, GIRL SCOUTS, ROTARY, ETC., TO ASSEMBLE BACKPACKS WITH BASIC NECESSITIES FOR SURVIVORS. THESE BACKPACKS ARE FILLED WITH TOILETRIES, PJ'S, A BLANKET, A JOURNAL, ETC., AND DISTRIBUTED TO LAW ENFORCEMENT UP AND DOWN THE STATE OF CALIFORNIA. 3STRANDS GLOBAL HAS ASSEMBLED MORE THAN 1500 GRACEPAKS FOR SURVIVORS OF HUMAN TRAFFICKING. THESE BACKPACKS MAKE A DIFFERENCE IN THE LIVES OF THOSE BEING RESCUED.

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3STRANDS GLOBAL FOUNDATION

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FORM 990, PART VI, SECTION A, LINE 2 ASHLIE BRYANT AND RAY BRYANT HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE CEO AND COO. ANY QUESTIONS AND CONCERNS ARE ADDRESSED, AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE FULL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C AT THE TIME OF ELECTION AND ANNUALLY THEREAFTER, EACH DIRECTOR, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS (HEREAFTER INTERESTED PERSONS) MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AS DEFINED IN THE CONFLICT OF INTEREST POLICY. INTERESTED PERSONS WITH AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OR EXECUTIVE COMMITTEE. AFTER A CONFLICT EXISTS, THE BOARD OR EXECUTIVE EXERCISING DUE DILIGENCE, IF COMMITTEE SHALL DETERMINE WHETHER 3STRANDS GLOBAL FOUNDATION CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN 3STRANDS GLOBAL FOUNDATION'S BEST INTEREST, AND SHALL

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MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15A THE 3STRANDS GLOBAL FOUNDATION EXECUTIVE COMMITTEE REVIEWED THE COMPENSATION OF THE CEO IN JUNE 2016 BY USING COMPARABLE COMPENSATION FROM OTHER FORM 990 RETURNS. ONCE THE COMMITTEE REVIEWS THE COMPENSATION, THE BOARD APPROVES IT.

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3STRANDS GLOBAL FOUNDATION

Payment/Deposit Information Report

27-4594317

Taxpayer Name:

Tax Juris.	Payment Deposit	Amount	Financial Institution Name	Account Type	Routing Number	Account Number
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