Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20 D Employer identification number C Name of organization B Check if applicable: 3STRANDS GLOBAL FOUNDATION 27-4594317 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 3941 PARK DRIVE, STE. 20-200 (916) 365-2606Initial return City or town, state or province, country, and ZIP or foreign postal code Amended EL DORADO HILLS, CA 95762 G Gross receipts \$ 1,480,282. return Application F Name and address of principal officer: ASHLIE BRYANT H(a) Is this a group return for Yes Χ Nο subordinates' 3941 PARK DRIVE, SUITE 20-200, EL DORADO HILLS, Yes No H(b) Are all subordinates included? X | 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) (4947(a)(1) or (insert no.) Website: ► WWW.3SGF.ORG H(c) Group exemption number L Year of formation: 2010 M State of legal domicile: CA Form of organization: | X | Corporation Other > Summary 1 Briefly describe the organization's mission or most significant activities: 3STRANDS GLOBAL FOUNDATION MOBILIZES COMMUNITIES TO COMBAT HUMAN TRAFFICKING THROUGH PREVENTION EDUCATION Governance AND REINTEGRATION PROGRAMS. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 11. 21. Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 500. 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 1,134,284. 1,365,165. **COPY FOR** 148,221. 74,669. Program service revenue (Part VIII, line 2g) **PUBLIC INSPECTION** 2,006. 1,616. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 25,935 -18,234. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,423,216. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,310,446. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 14 772,982. 819,050. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) 59,088. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _ _ _ _ _ 395,403. 530,286. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,168,385. 1,408,424. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 142,061. 14,792. Revenue less expenses. Subtract line 18 from line 12 ts or **End of Year Beginning of Current Year** Assets (1,014,338. 816,818. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 461,050. 938,638. 21 22 355,768. 75,700. Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid MICHAEL J ENGLE self-employed P00482834 Preparer Firm's name BKD, LLP 44-0160260 Firm's EIN ▶ **Use Only** 816-221-6300 Firm's address > 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Form **8868**

(Rev. January 2020)

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.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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/e-file-providers/e-file-for-charities-and-non-profits.

iling of this	form, visit <i>www.irs.gov/e-file-providers/e-file-f</i>	or-charities	-and-non-profits.							
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).							
-	ons required to file an income tax return othe orm 7004 to request an extension of time to f		•	0-C filers), partnerships, l	REMIC	s, and trusts				
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nun	cation number (TIN)					
orint	3STRANDS GLOBAL FOUNDATION			27-4594317						
ile by the lue date for	Number, street, and room or suite no. If a P.O. box, see instructions.									
iling your	3941 PARK DRIVE, STE. 20-200									
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EL DORADO HILLS, CA 95762									
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)		0 1				
Application		Return	Application			Return				
s For	5 000 57	Code	Is For			Code				
	Form 990-EZ	01	Form 990-T (corporat	ion)		07				
Form 990-Bl		02	Form 1041-A	n individual)		08				
Form 4720 (Form 990-PF	,	03	Form 4720 (other than individual) Form 5227							
	(sec. 401(a) or 408(a) trust)	05	Form 6069			10				
	(trust other than above)	06	Form 8870			12				
Telephone If the orga If this is for	e No. ► 916 246-6111 anization does not have an office or place of le group, check this box e names and TINs of all members the extensions.	business ir ur digit Gro f it is for pa	Fax No. ▶ the United States, checoup Exemption Number (ck this box	I	f this is				
	est an automatic 6-month extension of time ui		05/17 , 20 2	, to file the exempt	organiz	zation return				
► X	organization named above. The extension is calendar year 20 or tax year beginning 07/0	<u>1</u> , 20 <u>1</u>	and ending			-·				
c	ax year entered in line 1 is for less than 12 m hange in accounting period									
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	=		^				
	undable credits. See instructions. application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re		3a \$	0.				
estima	ted tax payments made. Include any prior yea	r overpayn	nent allowed as a credit	. ;	3b \$	0.				
	e due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ent with this form, if re		2 - 6	0.				
	u are going to make an electronic funds withdrawa		it) with this Form 8868 ee		3c \$ 8879₋E					
nstructions.	a are going to make an electronic funds withdrawa	, direct deb	it, with this i offi 0000, St	SO I SIIII O-555-LO AIIU I'UIIII	001 3-E	J for payment				
	act and Paperwork Reduction Act Notice, see instr	uctions.		-	orm 88	68 (Rev. 1-2020)				

JSA

Form 990 (2019) Page 2

Pa	art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this I	Part III X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in services?	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each expenses. Section 501(c)(3) and 501(c)(4) organizations are required to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$698,357. including grants of \$PROTECT_PROGRAM - SEE SCHEDULE O) (Revenue \$)
4b	O (Code:) (Expenses \$214,879. including grants of \$ REINTEGRATION PROGRAM - SEE SCHEDULE O	0) (Revenue \$)
	(Code:) (Expenses \$	0)(Revenue\$1,750)
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Reversed Total program service expenses ▶ 1,074,395.	,
9E1	020 2.000 3719NV K922 4/23/2021 3:35:44 PM V 19-8.3F	Form 990 (2019) 1173687 PAGE

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Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
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		X
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		X
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		X
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		X
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		Χ
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		Х
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)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			37
	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	1		37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		Х
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-7		Х
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Λ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	X	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		Х
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Λ
	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? If "Yes," complete Schedule I, Parts I and II	21		Х
	aomesia government on Fartia, column (A), line 11 il 165, complete Stileudie I, Farts Fallu II	4		-

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Part	Checklist of Required Schedules (continued)		Vac	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			3.7
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3.7
	"Yes," complete Schedule L, Part IV	28a	X	X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Λ	
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	X	
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form		(2019)
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Par	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 21			
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		Х
A	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 runds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
		7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	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			
	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			
b	against amounts due or received from them.)			
122	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
h	·			
D	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			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
		14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 45		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	10		
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	. 0		
	ii 166, complete i unii 7/20, conedule O.			

3STRANDS GLOBAL FOUNDATION 27-4594317 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 11 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ Χ 8b Each committee with authority to act on behalf of the governing body?............ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Χ 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy?........... X 14 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, TX, UT,
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - | X | Own website | X | Another's website | X | Upon request | Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records ►

 EDH BOOKKEEPING 1020 SUNCAST LN #107 EL DORADO HILLS, CA 95762

 916-246-6111

Form **990** (2019)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

	Check this box if neither	the organization nor	r anv related	organization	compensated	any current office	er, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	(do not check more than one box, unless person is both an officer and a director/trustee)				an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ASHLIE BRYANT	40.00									
CEO	0.			Х				94,842.	0.	11,807.
(2) RAMON MANRIQUE MEJIA	40.00									
COO	0.			Х				63,990.	0.	6 , 670.
(3)LISA THEE	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(4)BARRY DAVIS	2.00									
DIRECTOR/TREASURER	0.	Х		Х				0.	0.	0.
(5) MARK MCCOMBE	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(6) LISA COHEN	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) CHAD ROMINE	2.00									
DIRECTOR	0.	Х						0.	0.	0 .
(8) GAMIL CAIN	2.00									
DIRECTOR - CHAIRMAN OF THE BOD	0.	Х						0.	0.	0.
(9) TINA FERGUSON	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) DENNIS DIAS	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) SHELLEY WETTON	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) JENNIFER RANDLET MADDEN	2.00									
DIRECTOR	0.	Х						0.	0.	0
(13) ROGER MARTIN	2.00									
DIRECTOR	0.	Х						0.	0.	0 .
(14)										

Form **990** (2019)

9E1041 2.000

JSA

	990 (2019)												Pa	ge 8
Pa	t VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employe	es (cor	ntinued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	unles er and	Pos heck ss pe	rson lirect	e than of is both or/trust Highest	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	from	Estim amou oth comper from organiz	ated nt of er nsatior the zation	1
		line)	Individual trustee or director	Institutional trustee		oloyee	Highest compensated employee					organiz		
1b	Sub-total								158,832.		0.	1	8 , 4	77.
С	Total from continuation sheets to Part VII, S	ection A						>	0.		0.	-	0 47	0.
	Total (add lines 1b and 1c)	limited to t	hose	liste				o re	158,832. eceived more than	\$100,000 of	0.	1	8,4	//.
	reportable compensation from the organizatio	n ►	0.	•								v	es	No
2	Did the organization list any former offic	er directo	or or	tri	ıcta	ا م	kov c	mn	Novee or highest	compansati	ا مو	1	63	NO
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ivid	ual							3	1	Χ
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	00?	^l If	"Yes	5,"				4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	un				5		Х
Se	tion B. Independent Contractors	•											'	
1	Complete this table for your five highest comcompensation from the organization. Report of year.											s tax		
	(A) Name and business add	dress							(B) Description of se	rvices	Cor	(C)	on	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright 0.

Form **990** (2019)

Form 990 (2019) 3ST Part VIII Statement of Revenue

ı aı	C VIII	Check if Schedule O contains a respon	nse or note to an	v line in this Part V	7II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۾ ۾	С	Fundraising events 1c	192,339.				
ifts	d	Related organizations 1d					
Ω̈́⊞̈́	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
e Ę		and similar amounts not included above . 1f	1,172,826.				
들본	g	Noncash contributions included in					
on d		lines 1a-1f 1g	\$				
ಹ	h	Total. Add lines 1a-1f		1,365,165.			
			Business Code				
<u>:</u>	2a	FEE FOR SERVICE INCOME	900099	1,750.	1,750.		
Program Service Revenue	b	PROTECT INCOME	900099	72,919.	72,919.		
en S	С						
Fan	d						
98 8	e						
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		74,669.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	1,616.			1,616.
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss)					
er	d	Net gain or (loss)	<u> </u>	0.			
Other F	8a	Gross income from fundraising					
O		events (not including \$192,339.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	21,371.				
	b	Less: direct expenses 8b	52,053.				
	С	Net income or (loss) from fundraising events		-30,682.			-30,682.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	17,461.				
	b	Less: cost of goods sold 10b	5,013.	10.446			10.445
	С	Net income or (loss) from sales of inventory.		12,448.			12,448.
sno			Business Code				
nec	11a						
Miscellaneous Revenue	b	·					
Sce	C	All others are					
Ĕ	d	All other revenue					
	12	Total royanua See instructions		1 423 216	74 660		10 010
ISA	12	Total revenue. See instructions		1,423,216.	74,669.		-16,618.

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).

_			mranor arent	<u> </u>	<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	137,892.	68,946.	68,946.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	31,072.		31,072.	
7	Other salaries and wages	267,932.	267,932.		
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9		98,573.	83,787.	14,786.	
10	Payroll taxes	283,581.	241,044.	42,537.	
11					
	a Management	4,200.		4,200.	
	b Legal	15,015.		15,015.	
	Accounting	2,471.		2,471.	
		0.		,	
	D Professional fundraising services. See Part IV, line 17	59,088.			59,088.
	-	0.			,
	f Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column	4,378.		4,378.	
40	(A) amount, list line 11g expenses on Schedule O.)	68,721.	54,977.	6,872.	6,872.
	Advertising and promotion	30,519.	24,415.	3,052.	3,052.
13		41,901.	33,521.	4,190.	4,190.
14	Information technology	14,070.	14,070.	4,150.	4,100.
15	Royalties	33,203.	14,070.	33,203.	
16	Occupancy	·	20 654	·	2 707
17	Travel	37,068.	29,654.	3,707.	3,707.
18	, , , , , , , , , , , , , , , , , , , ,				
	for any federal, state, or local public officials	0.	7.200		
19	Conferences, conventions, and meetings	7,308.	7,308.	1 055	
20	Interest	1,957.		1,957.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	47,801.	47,801.		
23	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	EVENTS - NON RACE	17,993.			17,993.
1	REINTEGRATION EXPENSES	60,978.	60,978.		
	PROTECT EXPENSES	139,962.	139,962.		
	OTHER EXPENSES	2,741.		2,741.	
	• All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,408,424.	1,074,395.	239,127.	94,902.
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2019) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	816,818.	1	754,995.
	2	Savings and temporary cash investments	0.	2	259,343.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges	0.	9	0.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	816,818.	16	1,014,338.
	17	Accounts payable and accrued expenses.	8,148.	17	9,877.
			0.	18	0.
	18	Grants payable	0.	19	0.
	19	Deferred revenue.	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
		Escrow or custodial account liability. Complete Part IV of Schedule D	· ·	21	0.
ijes	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0
ia		controlled entity or family member of any of these persons	0.		0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	181,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	452 000		747 761
		of Schedule D	452,902.		747,761.
	26	Total liabilities. Add lines 17 through 25	461,050.	26	938,638.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	355,768.	27	75,700.
å	28	Net assets with donor restrictions	0.	28	0.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS(31	Retained earnings, endowment, accumulated income, or other funds			
t A	32	Total net assets or fund balances	355,768.	31	75,700.
Net	33	Total liabilities and net assets/fund balances	816,818.	32	1,014,338.
_	JJ	Total liabilities and het assets/fully balances	010,010.	33	Form 990 (2019)

Form **990** (2019)

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	(2013)				gc • =		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	423,2	216.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	1,408,424.			
3	Revenue less expenses. Subtract line 2 from line 1	3		14,792.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		355,768.			
5	Net unrealized gains (losses) on investments	5			0.		
6	6 Donated services and use of facilities						
7	Investment expenses	7		294,8	0.		
8							
9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))						
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X 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		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	а				
	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 over	ersight	of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?	2c				
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	on				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne				
	Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo tl	ne				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b				

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.

Attach to Form 990 of Form 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

3STRANDS GLOBAL FOUNDATION 27-4594317 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	740,632.	733,114.	434,447.	1,134,284.	1,365,165.	4,407,642.	
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	740,632.	733,114.	434,447.	1,134,284.	1,365,165.	4,407,642.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						260,813.	
6	Public support. Subtract line 5 from line 4						4,146,829.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	740,632.	733,114.	434,447.	1,134,284.	1,365,165.	4,407,642.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1.			2,006.	1,616.	3,623.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	700.	4,452.	13,499.	312.		18,963.	
11	Total support. Add lines 7 through 10						4,430,228.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	437,032.	
13	First five years. If the Form 990 is for organization, check this box and stop here.			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)	
Sec	tion C. Computation of Public Supp							
14	Public support percentage for 2019 (lin					14	93.60%	
15	Public support percentage from 2018	•	•			15	91.10%	
16a	331/3% support test - 2019. If the org	janization did n	ot check the box	x on line 13, ar	nd line 14 is 33	1/3 % or more, ch		
	box and stop here . The organization qu							
b	331/3% support test - 2018. If the org							
	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 the			_				
	organization							
b	10%-facts-and-circumstances test - 2	-						
	15 is 10% or more, and if the orga						-	
	Explain in Part VI how the organization				_	-		
4.0	supported organization						▶ □	
18	Private foundation. If the organization						▶ □	
	instructions					ahadula A (Farm 00		

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 201 <i>E</i>	(b) 2016	(a) 2017	(4) 2010	(a) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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 carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .						▶ 🔼
Sec	tion C. Computation of Public Supp		•				
15	Public support percentage for 2019 (line 8,		-			15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018					18	%
19 a	331/3% support tests - 2019. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and sto l	p here. The org	anization qualifie	s as a publicly	supported organi	ization . ►
b	331/3% support tests - 2018. If the orga	anization did not	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔣
20	Private foundation. If the organization of	lid not check :	hox on line 1	4 19a or 19h	check this box	and see instruc	etions •

Vas No

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's 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 VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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.
 - 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.)

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Schedule A (Form 990 or 990-EZ) 2019 Page 5

Part	V Supporting Organizations (continued)			- 0
rart	Cupporting Organizations (continued)		Yes	Na
11	Has the organization accepted a gift or contribution from any of the following persons?		162	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c		
	on B. Type I Supporting Organizations	1.0		
			Yes	Nο
	Did the discrete as the state of the second			
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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
24:	.,,	1		
secu	on D. All Type III Supporting Organizations		Yes	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	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? <i>If "No," explain in Part VI how</i>			
	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		
Secti	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	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	20		
		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		
•		20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organize			
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		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	-	• •	•

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
-				

Schedule A (Form 990 or 990-EZ) 2019

Part V

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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.)

					ATTACHMENT	1
SCHEDULE A, PART II	- OTHER INCOM	Ε				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME	700.	4,452.	13,499.	312.		18,963.
TOTALS	700.	4,452.	13,499.	312.		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2019

Employer identification number

3STRANDS GLOBAL FOUNDATION 27-4594317 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(** 3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization 3STRANDS GLOBAL FOUNDATION

Employer identification number 27-4594317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization 3STRANDS GLOBAL FOUNDATION

Employer identification number 27-4594317

art II	Noncash Property	(see instructions)	. Use duplicate copies	of Part II if additional	space is needed.
--------	-------------------------	--------------------	------------------------	--------------------------	------------------

(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
		\$	
(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) (2019)		Page 4
Name of o	organization 3STRANDS GLOBAL FOUNDATI	ON	Employer identification number
Part III	(10) that total more than \$1,000 for the	e year from any one contri s completing Part III, enter the ear. (Enter this information of	butor. Complete columns (a) through (e) and ne total of <i>exclusively</i> religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	(IP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Tunnafau af wift	
	Transferee's name, address, and Z	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	1

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

3S'I	TRANDS GLOBAL FOUNDATION			27-45943.	<u> </u>	
Pa	Organizations Maintaining Donor Advis			or Accounts.		
	Complete if the organization answered "					
		(a) Donor advised	l funds	(b) Funds and	other accounts	3
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a	advisors in writing that	the assets held	d in donor advised		_
	funds are the organization's property, subject to the	organization's exclusive	legal control?		Yes	No
6	Did the organization inform all grantees, donors, ar	nd donor advisors in wri	ting that grant	funds can be used		
	only for charitable purposes and not for the benefit	t of the donor or donor	advisor, or for	any other purpose		\neg
	conferring impermissible private benefit?				Yes	No
Pa	rt II Conservation Easements.					
	Complete if the organization answered "					
1	Purpose(s) of conservation easements held by the		¬ · · · · ·			
	Preservation of land for public use (for example,	recreation or education)		n of a historically im	-	area
	Protection of natural habitat		Preservation	n of a certified histo	ric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation	on contribution i			
	easement on the last day of the tax year.				End of the Ta	x Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified h		` '	2c		
d	Number of conservation easements included in (c)	•				
_	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, trans	sterred, released, exting	juisned, or tern	ninated by the orga	anization dui	ring the
	tax year >					
4	Number of states where property subject to conserv			tion bondling of		
5	Does the organization have a written policy regardions, and enforcement of the conservation ease			_		¬
6	Staff and volunteer hours devoted to monitoring, inspec				Yes ∟ Ponte during t	No
O	Stair and volunteer flours devoted to morntoning, insper	cting, nanding of violation	is, and emorcing	g conservation easem	lents during t	ne year
7	Amount of expenses incurred in monitoring, inspecting	ng handling of violations	and enforcing	conservation easem	ents durina t	he vear
•	s	ng, nanaling of violations	, and emoroning t		icino daring t	no year
8	Does each conservation easement reported on line 2((d) above satisfy the requ	irements of sec	tion 170(h)(4)(B)(i)		
•	and section 170(h)(4)(B)(ii)?	• • • •		. , . , . , . ,	Yes	□ No
9	In Part XIII, describe how the organization reports c					
	balance sheet, and include, if applicable, the text of)
	organization's accounting for conservation easemen	ts.				
Pa	art III Organizations Maintaining Collections			er Similar Assets.	•	
	Complete if the organization answered "	Yes" on Form 990, Pa	art IV, line 8.			
1a	If the organization elected, as permitted under FAS	SB ASC 958, not to rep	ort in its reven	ue statement and b	alance shee	t works
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibits its financial statements	ition, education that describes	, or research in fu these items	irtherance of	f public
b	If the organization elected, as permitted under FA					
~	art, historical treasures, or other similar assets held provide the following amounts relating to these item	I for public exhibition, es:	education, or re	search in furtherand		
	(i) Revenue included on Form 990, Part VIII, line 1.					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art			assets for financia	al gain, prov	ride the
	following amounts required to be reported under FA	SB ASC 958 relating to	these items:			
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X					

Schedule D (Form 990) 2019

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	r Other	Similar Assets (d	continued)	rage =
3	Using the organization's acquisition								of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan c	r exchange	e progran	n		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	ain how t	hey furthe	r the org	anization's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization								_
_	assets to be sold to raise funds rath		ained as pa	rt of the c	organizatio	n's collec	tion?	Yes	No
Pa	rt IV Escrow and Custodial A			000 5		•			
	Complete if the organiza	ition answered "Ye	es" on For	m 990, P	art IV, Ilne	e 9, or re	eported an amour	nt on Form	1
4-	990, Part X, line 21.	a austadian ar ath	ar intarma	liam (fan a		th	accate not		
1 а	Is the organization an agent, truste			-				Yes	No
b	included on Form 990, Part X? If "Yes," explain the arrangement i							res _	NO
b	ii res, explain the arrangement	II Fait Aili ailu coili	piete trie io	liowing tab	, ie.		Amount		
С	Beginning balance				1c		711104111		
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am					ustodial a	account liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the e	xplanation	has been p	provided o	on Part XIII	[
Pa	rt V Endowment Funds.								
	Complete if the organiza	tion answered "Ye	es" on For	m 990, F					
		(a) Current year	(b) Pric	r year	(c) Two yea	ars back	(d) Three years back	(e) Four yea	rs back
1 a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		L						
2 a	Provide the estimated percentage Board designated or quasi-endown		end balanc	e (line 1g,	column (a)) neid as:			
b	Permanent endowment	%							
C		%							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in			ation that	are held ar	nd admin	istered for the		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	•	•					3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organization	alipment. Ation answered "Y	es" on Fo	m 990. F	Part IV. lin	e 11a. S	See Form 990. Pa	rt X. line 1	0.
	Description of property	(a) Cost o	r other basis	(b) Cost of	r other basis	(c) Acc	umulated (c) Book value	
4	Lond		stment)	(of	ther)	depre	eciation		
_	Land								
b	Buildings Leasehold improvements								
d	Equipment.								
	Other								
	I. Add lines 1a through 1e. (Column		m 990. Part	X. column	(B) line 1	0c.)	•		

Schedule D (Form 990) 2019

	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(h) march a mark Farma 000 Bart V and (D) fine 40)		
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) . Investments - Program Related.		
Part VIII	Complete if the organization answere	1	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
			Cost or enu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(6)			
(7)			
(8) (9)			
(9)			
Total. (Colum	n (b) must equal Form 990. Part X. col. (B) line 13.)		
	n (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.		
	Other Assets.	d "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
	Other Assets. Complete if the organization answere	d "Yes" on Form 990 escription), Part IV, line 11d. See Form 990, Part X, line 15.
Part IX	Other Assets. Complete if the organization answere		
Part IX (1)	Other Assets. Complete if the organization answere		
(1) (2)	Other Assets. Complete if the organization answere		
(1) (2) (3)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) D	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll	Other Assets. Complete if the organization answere (a) D	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) D (a) D umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col.	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.	line 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col.	Other Assets. Complete if the organization answere (a) D wmn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Descri	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.	line 15.)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. Part X	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of the complete in the organization answere line 25.	line 15.)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X (1) Feder (2) CONT (3)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of the complete in the organization answere line 25.	line 15.)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll) Part X 1. (1) Fedel (2) CONT (3) (4)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of the complete in the organization answere line 25.	line 15.)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll) Part X 1. (1) Fedee (2) CONT (3) (4) (5)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of the complete in the organization answere line 25.	line 15.)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coli Part X 1. (1) Fedee (2) CONT (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of the complete in the organization answere line 25.	line 15.)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Feder (2) CONT (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of the complete in the organization answere line 25.	line 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coli Part X 1. (1) Fedee (2) CONT (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of the complete in the organization answere line 25.	line 15.)	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value

Schedule D (Form 990) 2019 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5 Dow	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)	-	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	-	
	Citie (Beschie III at Alli.)	4c	
С 5	Add lines 4a and 4b	5	
	XIII Supplemental Information.		
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, nation	line 4; Part X, line

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2019
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Name o	of the organization					Employer identification	on number
3STR	ANDS GLOBAL FOUNDATION					27-4594317	
Part	Fundraising Activities. Comp Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1	Indicate whether the organization rais				activities. Check a	all that apply.	
а	Mail solicitations	е		_	non-government g		
b	Internet and email solicitations	f			government grant		
c	Phone solicitations	g g			ising events	5	
d	In-person solicitations	ย	орс	olar ramara	ionig evento		
2 a	Did the organization have a written or or key employees listed in Form 990, If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		coi. (i)	
1			163	140			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organizat registration or licensing.	ion is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from

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Schedule G (Form 990 or 990-EZ) 2019

Sche	dule	35 T KAN I e G (Form 990 or 990-EZ) 2019	OS GLOBAL FOUNDAT	TION	27-	-4594317 Page 2
Pa	rt I	Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts greaters.	aising event contribut			
			(a) Event #1 BREAK FREE RUN	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	213,710.			213,710
ď	2	Less: Contributions	192,339.			192,339
	3	Gross income (line 1 minus line 2)				21,371
	4	Cash prizes				
Direct Expenses	5	Noncash prizes	1,680.			1,680
	6	Rent/facility costs	4,028.			4,028
	7	Food and beverages				
Direct	8	Entertainment	500.			500
	9	Other direct expenses	45,845.			45,845
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		52,053 -30,682
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990,	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses		Cash prizes				
_	3	Noncash prizes				
Direct Exper	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	obtract line 7 from line	1, column (d)	>	
9		Enter the state(s) in which the orga	anization conducts ga	ming activities:		

Is the organization licensed to conduct gaming activities in each of these states?

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule	G	(Form	990	or 990	-EZ)	2019

а

b

10a

If "No," explain:

If "Yes," explain:

Sched	lule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and 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
С	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
·	in res, enter name and address of the time party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	3 3
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE L

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open To Public Inspection								
Name of	the organization	L							Employer	identif	ication	numbe	r	
3STR	ANDS GLOBAL	FOUNDATION							27-	4594	317			
Part I		nefit Transactions if the organization a										line 4	0b.	
	(-) None of disc		(b) Relatio	nship l	oetween	disqualified pers	on and	(-) 5		-64			(d) Corrected
1	(a) Name of disq	juaimed person			organiz			(c) L	escription	or trans	action		Υ	es No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)		nt of tax incurred b	<u> </u>											
	Enter the amour	958	ine 2, above,	reimb							* \$ _ * \$ _			
	Complete	if the organization a	answered "Ye	es" or				ine 38a or Form	990, Parl	i IV, lir	ne 26;	or if t	he	
(a) N	lame of interested pe	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Origin principal am		(f) Balance due	(g) In	default?	by bo	proved pard or nittee?		ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)										<u> </u>				
(6)														
(7)										—				
(8)														
(9)										\vdash	-			
(10) Tabel								•						
Total Part	■ Grants or	Assistance Benefit the organization a	ting Interest	ed Pe	rsons.									
(a) N	lame of interested pe		ip between intere		c) Amou	ınt of assistance		(d) Type of assistance	e	(e)) Purpo	se of as	sistanc	е
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														

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Schedule L (Form 990 or 990-EZ) 2019

(9) (10)

Schedule L (Form 990 or 990-EZ) 2019 Page 2

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 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) RAY BRYANT
- B) SPOUSE OF ASHLIE BRYANT, CEO OF 3STANDS GLOBAL FOUNDATION
- C) \$32,171
- 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.

2019
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Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 27-4594317

3STRANDS GLOBAL FOUNDATION

FORM 990, PART III, LINE 1

THE MISSION OF 3STRANDS GLOBAL FOUNDATION IS TO MOBILIZE COMMUNITIES TO COMBAT HUMAN TRAFFICKING THROUGH PREVENTION EDUCATION AND REINTEGRATION PROGRAMS. WE BELIEVE PREVENTION CHANGES EVERYTHING. 3STRANDS GLOBAL FOUNDATION PROVIDES PREVENTION EDUCATION TO 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 OPERATES A DIRECT SERVICES PROGRAM TO SERVE SURVIVORS AND THOSE AT RISK OF BEING EXPLOITED. 3STRANDS GLOBAL FOUNDATION ALSO HOSTS BREAK FREE RUNS AND OTHER AWARENESS EVENTS TO ENGAGE AND MOBILIZE INDIVIDUALS, ORGANIZATIONS, AND COMMUNITIES STAND UP AGAINST HUMAN

FORM 990, PART III, LINE 4A

PROTECT

TRAFFICKING.

PROTECT IS A 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. THE PROGRAM ALSO TRAINS EDUCATORS ON HOW TO RECOGNIZE WHEN A CHILD IS AT-RISK OF BEING TRAFFICKED AND THEN CONNECT THEM TO THE RESOURCES THEY NEED. PROTECT PROVIDES ONLINE HUMAN TRAFFICKING PREVENTION TRAINING TO SCHOOL PERSONNEL AND COUNTY STAKEHOLDERS AND EQUIPS EDUCATORS WITH ELEMENTARY, MIDDLE, AND HIGH SCHOOL CURRICULA AND RESOURCES TO DIRECTLY DELIVER HUMAN TRAFFICKING

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EDUCATION TO THEIR STUDENTS IN THE CLASSROOM, OR THROUGH DISTANCE LEARNING.

3STRANDS GLOBAL FOUNDATION CO-FOUNDED THE PROTECT PROGRAM IN PARTNERSHIP WITH LOVE NEVER FAILS AND FREDERICK DOUGLASS FAMILY INITIATIVES IN COLLABORATION WITH THE CALIFORNIA DEPARTMENT OF EDUCATION AND THE OFFICE OF THE ATTORNEY GENERAL FOR THE STATE OF CALIFORNIA. PROTECT HELPS REDUCE THE VULNERABILITY OF CHILDREN THROUGHOUT CALIFORNIA, UTAH AND TEXAS. IT IS CURRENTLY BEING IMPLEMENTED IN MULTIPLE OTHER AREAS DOMESTICALLY AND GLOBALLY.

3STRANDS GLOBAL FOUNDATION HAS PROVIDED EDUCATION AND AWARENESS PROGRAMS FOR SCHOOLS FOR THE PAST SEVEN YEARS, EDUCATING AN ESTIMATED MORE THAN 500,000 STUDENTS AND OVER 60,000 ADULTS.

FORM 990, PART III, LINE 4B

E+E - REINTEGRATION

3STRANDS GLOBAL FOUNDATION'S EMPLOY + EMPOWER REINTEGRATION PROGRAM

CONNECTS SURVIVORS OF HUMAN TRAFFICKING AND THOSE AT-RISK (SUCH AS

TRANSITIONAL AGED-FOSTER YOUTH) WITH SUSTAINABLE, TRAUMA INFORMED JOBS

AND THE RESOURCES THEY NEED TO SUCCEED IN THE WORKPLACE, ALLOWING THEM TO

CREATE A NEW FUTURE, ONE FREE OF EXPLOITATION.

ECONOMIC INSECURITY IS ONE OF THE MAIN VULNERABILITIES EXPLOITED BY

TRAFFICKERS. THE INABILITY TO SUPPORT THEMSELVES AND FULFILL 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.

CASE MANAGERS WALK ALONGSIDE SURVIVORS AND AT-RISK INDIVIDUALS TO CONNECT THEM WITH 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, MENTAL HEALTH SUPPORT, AND MORE.

THE IMPACT:

- I. YIELDED AN 80% RETENTION RATE IN THE LAST YEARS
- II. 300+ INDIVIDUALS SERVED IN THE SACRAMENTO AREA
- III. INCREASE IN THE PROGRAM PARTICIPANTS' PERCEPTION OF SELF-WORTH,

 CONFIDENCE IN JOB SKILLS, AND KNOWLEDGE OF THE SERVICES AVAILABLE TO

 THEM
- IV. REGULAR MEETINGS WITH THOSE SERVED TO PROVIDE SUPPORT DURING THE
 EMPLOYMENT PROCESS (HELPING TO MEET BASIC NEEDS, SUCH AS ACCESS TO JOB
 AND INTERVIEW CLOTHING, AND TO CONNECT THEM WITH COMMUNITY RESOURCES SUCH
 AS TRANSPORTATION, EDUCATION, AND CHILDCARE)

FORM 990, PART III, LINE 4C

MOBILIZATION

EVERY YEAR, 3STRANDS GLOBAL FOUNDATION HOSTS THE BREAK FREE RUN, A 5K/10K RUN/WALK, IN CALIFORNIA AND VIRTUALLY TO RAISE AWARENESS AND FUNDS TO CONTINUE PREVENTION WORK. INDIVIDUALS CAN PARTICIPATE IN THE BREAK FREE RUN IN CALIFORNIA OR VIRTUALLY, ANYWHERE IN THE WORLD. THE EVENT GIVES

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THE COMMUNITY A WAY TO ENGAGE IN THE ISSUE AND JOIN THE FIGHT AGAINST
HUMAN TRAFFICKING. 3STRANDS GLOBAL FOUNDATION HAS HOSTED MORE THAN 22,000
INDIVIDUALS FROM AROUND THE WORLD. 3STRANDS GLOBAL ALSO MOBILIZES
COMMUNITIES THROUGH COLLABORATION WITH LEGISLATORS, PUBLIC OFFICIALS, AND
COMMUNITY STAKEHOLDERS.

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

EXERCISING DUE DILIGENCE, IF A CONFLICT EXISTS, THE BOARD OR EXECUTIVE

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

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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 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.

FORM 990, PART VI, SECTION C, LINE 19 THE POLICIES AND FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AVAILABLE ON THE TRANSPARENCY SECTION OF THE WEBSITE