| Form | 9 | 9 | 0 |
|---------|---------|-----|----------|
| Departm | nent of | the | Treasury |

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

| 2020 |
|----------------|
| Open to Public |
| 1 |

OMB No. 1545-0047

| Inter | nal Reve | nue Serv | ice | ► In | formatio | n about Forn | n 990 an | d its | instruction | ns is a | t www.ir | s.gov | /form | 990. | | | nspecti | on |
|--------------------------------|-----------------|-----------|----------|---------------------------|--------------|--------------------|-------------|-----------|-----------------|----------|------------|---------|----------|------------------------|------------|----------------|-------------|----------------|
| A F | or th | e 202 | 0 caler | ndar year, or tax y | /ear beg | ginning | | 07/ | ′01 ,202 | 0, and | d endin | g | | | 06 | /30,2 | D 21 | |
| D | | | C Nam | e of organization | | | | | | | | | DE | mployer | dentific | ation nun | nber | |
| Вс | heck if ap | plicable: | 3S1 | FRANDS GLOBAI | FOUN | DATION | | | | | | | | | | | | |
| | Addre chang | | Doing | g Business As | | | | | | | | | | 27-459 | 94317 | 7 | | |
| | Name | change | Num | ber and street (or P.O. | box if mail | is not delivered | to street a | address | 3) | Roor | m/suite | | E 1 | elephone | numbe | r | | |
| | Initial | return | 394 | 11 PARK DRIVE | 1 | | | | | # | 20-20 | 0 | (9 | 16) 3 | 65-2 | 606 | | |
| | Termi | nated | City | or town, state or provin | ce, country | , and ZIP or for | eign posta | al code | | | | | | | | | | |
| | Amen return | | EL | DORADO HILLS | S, CA | 95762 | | | | | | | G | Gross rece | ipts \$ | 1 | ,890 | ,937. |
| | Applic pendi | ation | F Nam | e and address of princip | oal officer: | ASHL | IE BR | YANT | ר | | | | H(a) | Is this a g subordinat | | rn for | Yes | X No |
| | | | 394 | 11 PARK DRIVE | , SUI | TE 20-20 | 0, EL | DOI | RADO HI | LLS | , CA | 9 | H(b) | Are all subo | | ncluded? | Yes | No |
| I | Tax-ex | empt sta | atus: | X 501(c)(3) | 501(c) (|) ┥ (ii | nsert no.) | | 4947(a)(1) |) or | 527 | , | 1 | lf "No," at | ach a list | t. (see instru | ctions) | |
| J | Websi | te: 🕨 | WWW. | 3SGF.ORG | | | | | | | | | H(c) | Group exe | mption n | umber 🕨 | | |
| κ | Form o | of organ | ization: | X Corporation | Trust | Association | Oth | ner 🕨 | | | L Year of | forma | tion: | 2010 N | State | of legal de | omicile: | CA |
| Ρ | art I | | nmary | | | | | | | | | | | | | | | |
| | 1 | Briefly | descri | be the organization's | s mission | or most signi | ificant ac | tivities | : 3STRA | NDS | GLOBA | AL F | OUN | DATIO | N MO | BILIZ | ΞS | |
| e | | | | IES TO COMBA | | | | | | | | | | | | | | |
| an | | AND | REIN | ITEGRATION PR | OGRAM | 5. | | | | | | | | | | | | |
| /err | 2 | Check | this bo | x ► if the org | anization | discontinued | d its ope | ration | s or dispos | sed of | more tha | n 25% | 6 of its | s net ass | ets. | | | |
| ĝ | 3 | Numb | er of vo | ting members of the | e governir | ng body (Part | VI, line 1 | a) _ | | | | | | | 3 | | | 11. |
| <u>م</u> | 4 | Numb | er of in | dependent voting me | embers o | f the governi | ng body (| Part V | /I, line 1b) | | | | | | 4 | | | 11. |
| tie | | | | of individuals emplo | | | | | | | | | | | 5 | | | 25. |
| Activities & Governance | | | | of volunteers (estimation | | | | | | | | | | | 6 | | | 350. |
| A | 7a | Total ι | unrelate | ed business revenue | from Part | VIII, column (| (C), line | 12 | | | | | | | 7a | | | 0 |
| | | | | l business taxable in | | | | | | | | | | | 7b | | | 0 |
| | | | | | | | | | | | | | | or Year | | Cur | rent Y | ear |
| a | 8 | Contri | butions | and grants (Part VIII | , line 1h) | | | | | | | | 1, | 365,1 | 65. | 1 | ,858 | 3,101 |
| Revenue | 9 | Progra | am serv | ice revenue (Part VIII | , line 2g) | | | •• | | PY FO | | | | 74,6 | 69. | | (| 6,068 |
| eve | | | | come (Part VIII, colu | | | | | PUBLIC | INSPE | CTION | | | 1,6 | 516. | | | 67 |
| œ | | | | e (Part VIII, column | | | | | | | | | | -18,2 | 234. | | 17 | 7,806 |
| | | | | e - add lines 8 throug | | | | | | | | | 1, | 423,2 | 16. | 1 | ,882 | 2,042 |
| | 13 | Grants | s and si | imilar amounts paid (| Part IX, c | olumn (A), lin | es 1-3) | | | | | | | | 0. | | | 0 |
| | | | | to or for members (F | | | | | | | | | | | 0. | | | 0 |
| ŝ | 4.5 | | | er compensation, em | | | | | | | | | | 819,0 | 50. | 1 | ,329 | 9,574 |
| Expenses | 16a | | | fundraising fees (Par | | | | | | | | | | 59,0 | 88. | | | 0 |
| be | b | Total f | fundrais | sing expenses (Part I | X, column | (D), line 25) | • | | | 0. | | | | | | | | |
| ш | 17 | | | es (Part IX, column (| | | | | | | | | | 530,2 | 286. | | 331 | 1,681 |
| | 18 | Total e | expense | es. Add lines 13-17 (| must equ | al Part IX, col | lumn (A), | , line 2 | 25) | | | | 1, | 408,4 | 24. | 1 | ,661 | 1,255 |
| | | | | expenses. Subtract | | | | | | | | | | 14,7 | 92. | | 220 |) , 787 |
| ces | | | | | | | | | | | | Begir | nning | of Curren | t Year | End | d of Yea | ar |
| Net Assets or Fund Balances | 20 | Total a | assets (| Part X, line 16) | | | | | | | | | 1, | 014,3 | 38. | 1 | ,233 | 3,089 |
| As | 21 | | | s (Part X, line 26) | | | | | | | | | | 938,6 | 538. | | 942 | 2,690 |
| Pup | 22 | | | fund balances. Sub | | | | | | | | | | 75 , 7 | 00. | | 290 |) , 399 |
| | art II | Sig | gnature | e Block | | | | | | | | | | | | | | |
| | | | | , I declare that I have | | | | | | | | | | | of my l | knowledge | and be | elief, it is |
| true | e, corre | ct, and | complete | e. Declaration of prepar | er (other th | ian officer) is ba | ased on a | II Inforr | nation of wh | iicn pro | eparer has | s any k | nowle | age. | | | | |
| | | | | | | | | | | | | | | | | | | |
| Sig | - | | Signatu | re of officer | | | | | | | | | | Date | | | _ | |
| Не | re | | | | | | | | | | | | | | | | | |
| | | | Type or | print name and title | | | | | | | | | | | | | | |
| | | Drimt/ | T | paror's name | | Droppror's | ainnatura | | | |) ata | | | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

(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*.

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

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

| Type or | Name of exempt organization or other filer, see in | structions. | Тах | bayer identification nur | mber | (TIN) | |
|---|--|--|--|--------------------------|-------|----------------------------|------|
| print | 3STRANDS GLOBAL FOUNDATION | | | 27-4594317 | 7 | | |
| File by the | Number, street, and room or suite no. If a P.O. bo | x see instru | tions | 27-439431 | | | |
| due date for | 3941 PARK DRIVE, STE. 20-200 | | 50013. | | | | |
| filing your return. See | City, town or post office, state, and ZIP code. For | a foreign ad | dress see instructions | | | | |
| instructions. | EL DORADO HILLS, CA 95762 | a ronongni ad | | | | | |
| Enter the Re | eturn Code for the return that this application | is for (file | a separate application for ea | ch return) | | 0 | 1 |
| Application | | Return | Application | | | Retu | rn |
| ls For | | Code | ls For | | | Cod | е |
| Form 990 o | r Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | |
| Form 990-B | L | 02 | Form 1041-A | | - | 08 | |
| Form 4720 | (individual) | 03 | Form 4720 (other than inc | lividual) | | 09 | |
| Form 990-P | F | 04 | Form 5227 | · | | 10 | |
| Form 990-T | (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| Form 990-T | (trust other than above) | 06 | Form 8870 | | | 12 | |
| • The book | EDH BOOKKEEPING s are in the care of ► 1020 SUNCAST LN | | , DORADO HILLS CA 9 | 5762 | | | |
| If the org. If this is for the whole a list with the | e No. ► 916 246-6111 anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box ► | business ir ur digit Gro f it is for pa ion is for. | up Exemption Number (GEN irt of the group, check this b | l) ox▶ | a | . If this is and attach | |
| - | est an automatic 6-month extension of time u | | | , to file the exempt | orga | anization retur | 'n |
| ► X 2 If the t | organization named above. The extension is calendar year 20 or tax year beginning 07/0 ax year entered in line 1 is for less than 12 m Change in accounting period | <u>)1_</u> , 20 <u>2</u> |), and ending | | | <u>1</u> . | |
| 3a If this | application is for Forms 990-BL, 990-PF, 9 | 90-T, 4720 |), or 6069, enter the tenta | ative tax, less any | | | |
| | undable credits. See instructions. | | | | 3a \$ | \$ | 0. |
| | application is for Forms 990-PF, 990-T, | | - | lable credits and | | | |
| | ted tax payments made. Include any prior yea | | | | 3b \$ | \$ | 0. |
| | e due. Subtract line 3b from line 3a. Include | | ent with this form, if require | d, by using EFTPS | | | |
| | onic Federal Tax Payment System). See instru | | | | 3c \$ | | 0. |
| Caution: If yo | u are going to make an electronic funds withdrawa | l (direct deb | t) with this Form 8868, see Fo | rm 8453-EO and Form | 8879 | 9-EO for payme | ent |
| instructions. | | | | | | | |
| For Privacy A | Act and Paperwork Reduction Act Notice, see inst | ructions. | | | Form | 8868 (Rev. 1-2 | 2020 |

JSA 0F8054 1.000

| 3strands global foundation |
|----------------------------|
|----------------------------|

| - | m 990 (202 | 0) | | Page 2 |
|------------|------------|--|----------------------------|------------------------|
| Pa | art III | Statement of Program Service Accomplishments | | V |
| 1 | Brieflyd | Check if Schedule O contains a response or note to any line in this Part III escribe the organization's mission: | | X |
| • | - | HEDULE O | | |
| | | | | |
| | | | | |
| | | | | |
| 2 | | organization undertake any significant program services during the year | | |
| | prior Fo | m 990 or 990-EZ? | | Yes X No |
| 2 | - | describe these new services on Schedule O. organization cease conducting, or make significant changes in how | v it conducte any program | n |
| 3 | | | | |
| | | describe these changes on Schedule O. | | • • • • |
| 4 | | the organization's program service accomplishments for each of its | | |
| | | s. Section 501(c)(3) and 501(c)(4) organizations are required to report expenses, and revenue, if any, for each program service reported. | t the amount of grants and | anocations to others, |
| | | | | |
| 4a | (Code: |) (Expenses \$1,159,167. including grants of \$ | 0.) (Revenue \$ | 6,068.) |
| | PROTE | T PROGRAM - SEE SCHEDULE O | | |
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| | | | | |
| 4b | (Code: |) (Expenses \$including grants of \$ | o.) (Revenue \$ | o.) |
| | REINT | GRATION PROGRAM - SEE SCHEDULE O | | |
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| 4c | (Code: |) (Expenses \$ 8,399. including grants of \$ | o.) (Revenue \$ | o.) |
| | MOBIL | ZATION PROGRAM - SEE SCHEDULE O | | |
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| 4d | Other p | ogram services (Describe on Schedule O.) | | |
| | (Expens | |) | |
| 4e | | gram service expenses ► 1,520,166. | | |
| JSA 0E1 | 020 1.000 | | | Form 990 (2020) |
| | | NV K922 5/5/2022 10:27:05 AM V 20-7.21 | 1173687 | PAGE 4 |

Checklist of Required Schedules

Form 990 (2020) Part IV

JSA 0E1021 1.000

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

| | | | 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 | | Х |
| 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 | | Х |
| 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Χ |
| 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 | | | 57 |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | v |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| d | complete Schedule D, Part VI | 11a | | Х |
| h | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | 11a | | |
| U | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| c | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | 110 | | |
| Ū | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| | 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 | | Х |
| 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 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | 37 |
| | foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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 | 4.5 | | Х |
| 40 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 16 | | Х |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |

Form **990** (2020) PAGE 5

21

| Page | 4 |
|------|---|
|------|---|

| - | 90 (2020) | | P | age 4 |
|---------------|--|------------|--------------|--------------|
| Part | IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | v |
| ~~ | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 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 | | | v |
| 04- | 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 | 24- | | Х |
| h | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | <u></u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tay event hands? | 244 | | |
| h | to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | |
| | | 240 | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 25- | | Х |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | -+ | <u></u> |
| D | 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? | 0.5% | | Х |
| 20 | If "Yes," complete Schedule L, Part I | 25b | | |
| 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% | 0.0 | | Х |
| 27 | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | 26 | | |
| 27 | | | | |
| | 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 21 | | 21 |
| 20 | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| • | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| a | "Yes," complete Schedule L, Part IV | 28a | | Х |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 200 | | |
| L | "Yes," complete Schedule L, Part IV | 28c | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 23 | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | · | I | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u>.</u> | <u></u> | |
| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| JSA 0E1030 | 1.000 | Form | 990 (| |
| | 3719NV K922 5/5/2022 10:27:05 AM V 20-7.21 1173687 | | PA | GE 6 |

| Form | 990 (2020) | | F | Page 5 |
|--------|--|----------|-----|----------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 25 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | 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 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | 37 |
| | required to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | - | | v |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| - | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7b | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | |
| ٥ | sponsoring organization have excess business holdings at any time during the year? | Ū | | |
| 9 a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | • | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| ~ | against amounts due or received from them.) | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand | | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | 37 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2020)

| Form 9 | 990 (202 | 0) 3STRANDS GLOBAL FOUNDATION | 27-4594 | 1317 | F | ->age 6 |
|--------|----------|--|-------------------|---------|-----------|----------------|
| Par | t VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 this | rough 7b below, | and | for a | "No" |
| | | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes | | | | tions. |
| | | Check if Schedule O contains a response or note to any line in this Part VI | | | | Χ |
| Sect | ion A | Governing Body and Management | | | | |
| | | | | | Yes | No |
| 1a | Enter | the number of voting members of the governing body at the end of the tax year | 1a 11 | | | |
| | If the | re are material differences in voting rights among members of the governing body, or | | | | |
| | | governing body delegated broad authority to an executive committee or similar nittee, explain on Schedule O. | | | | |
| b | Enter | the number of voting members included on line 1a, above, who are independent | 1b 11 | | | |
| 2 | | ny officer, director, trustee, or key employee have a family relationship or a business re | lationship with | | | |
| | | ther officer, director, trustee, or key employee? | - | 2 | | Х |
| 3 | - | ne organization delegate control over management duties customarily performed by or ur | | | | |
| | | vision of officers, directors, trustees, or key employees to a management company or other | | 3 | | Х |
| 4 | | e organization make any significant changes to its governing documents since the prior Form 990 was fi | | 4 | | Х |
| 5 | Did th | e organization become aware during the year of a significant diversion of the organization's | assets? | 5 | | Х |
| 6 | | e organization have members or stockholders? | | 6 | | Х |
| 7a | Did tl | ne organization have members, stockholders, or other persons who had the power to el | ect or appoint | | | |
| | | r more members of the governing body? | | 7a | | Х |
| b | Are | any governance decisions of the organization reserved to (or subject to approval | by) members, | | | |
| | | holders, or persons other than the governing body? | | 7b | | Х |
| 8 | Did t | ne organization contemporaneously document the meetings held or written actions under | ertaken during | | | |
| | the ye | ear by the following: | | | | |
| а | | overning body? | | 8a | X | |
| b | | committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 9 | | re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | | | | X |
| Cent | | ganization's mailing address? If "Yes," provide the names and addresses on Schedule O. | | 9 | | Λ |
| Seci | юп в. | Policies (This Section B requests information about policies not required by the Inte | ennai Revenue | Coue | .) Yes | No |
| | | | | 10a | 100 | X |
| | | e organization have local chapters, branches, or affiliates? | | TUa | | |
| b | | s," did the organization have written policies and procedures governing the activities of | - | 10b | | |
| | | tes, and branches to ensure their operations are consistent with the organization's exempt p | • | 11a | Х | |
| | | e organization provided a complete copy of this Form 990 to all members of its governing body before fi | ling the form? | 11a | | |
| | | ibe in Schedule O the process, if any, used by the organization to review this Form 990. | | 12a | Х | |
| | | e organization have a written conflict of interest policy? <i>If "No," go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests | | 120 | | |
| b | | | 0 | 12b | Х | |
| | | o conflicts? | | | | |
| С | | ibe in Schedule O how this was done | - | 12c | Х | |
| 13 | | e organization have a written whistleblower policy? | | 13 | Х | |
| 14 | | e organization have a written document retention and destruction policy? | | 14 | Х | |
| 15 | | ne process for determining compensation of the following persons include a review ar | | | | |
| | | endent persons, comparability data, and contemporaneous substantiation of the deliberation | | | | |
| а | | rganization's CEO, Executive Director, or top management official | | 15a | Х | |
| b | | officers or key employees of the organization | | 15b | | Х |
| ~ | | s" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | | ne organization invest in, contribute assets to, or participate in a joint venture or simila | r arrangement | | | |
| | | a taxable entity during the year? | - | 16a | | Х |
| b | | s," did the organization follow a written policy or procedure requiring the organization | | | | |
| | | ipation in joint venture arrangements under applicable federal tax law, and take steps to | | | | |
| | | ization's exempt status with respect to such arrangements? | | 16b | | |
| Sect | | Disclosure | | | | |
| 17 | List tl | he states with which a copy of this Form 990 is required to be filed \blacktriangleright CA, TX, UT, | | | | |
| 18 | Section | on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), | | (Sec | tion 5 | 501(c) |
| | | nly) available for public inspection. Indicate how you made these available. Check all that ap | | | | |
| | Х | Own website X Another's website X Upon request Other (explain on Sc | hedule O) | | | |
| 19 | | ibe on Schedule O whether (and if so, how) the organization made its governing docun | nents, conflict o | f inter | rest p | oolicy, |
| | | nancial statements available to the public during the tax year. | | | | |
| 20 | State | the name, address, and telephone number of the person who possesses the organization's l | books and record | s 🕨 | | |
| | LDII D | | | | | |

PAGE 8

| i ugo i |
|---------|
|---------|

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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 any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) 9 코 코 Q 조 9 표 Z | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|--------------------------------|--|--|----------------------|---------|--------------|------------------------------|--------|--|--|--|
| | hours for related organizations below dotted line) | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and related organizations |
| (1) ASHLIE BRYANT | 40.00 | | | | | | | | | |
| CEO | 0. | | | Х | | | | 109,842. | 0. | 8,395. |
| (2) RAMON MANRIQUE MEJIA | 40.00 | | | | | | | | | |
| COO | 0. | | | Х | | | | 83,195. | 0. | 4,200. |
| (3)LISA THEE | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | Ο. | 0. | 0. |
| (4) BARRY DAVIS | 2.00 | | | | | | | | | |
| DIRECTOR/TREASURER | 0. | Х | | Х | | | | Ο. | 0. | 0. |
| (5) MARK MCCOMBE | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | Ο. | 0. | 0. |
| (6) LISA COHEN | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | Ο. | 0. | 0. |
| (7) CHAD ROMINE | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | Ο. | 0. | 0. |
| (8) GAMIL CAIN | 2.00 | | | | | | | | | |
| DIRECTOR - CHAIRMAN OF THE BOD | 0. | Х | | | | | | Ο. | 0. | 0. |
| (9) LAURIE CARUSO | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | Ο. | 0. | 0. |
| (10) DENNIS DIAS | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | Ο. | 0. | 0. |
| (11) SHELLEY WETTON | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | Ο. | 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 (2020)

3STRANDS GLOBAL FOUNDATION

| Form 990 (2020) | | | | | | | | | . <u> </u> | | | Page 8 |
|---|--|-----------------------------------|-----------------------|-------------------------------|---------------|-------------------------------|------------|---|--|----------|--|---|
| Part VII Section A. Officers, Directors, Tru | | y Em | plo | | | and H | ligi | | | yees (co | | |
| (A) Name and title | (B) Average hours per week (list any hours for | box, office | unles er and | Pos heck ss pe d a d | rson irect | than o is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation fron related organizations | | Estir amo ot compe | F) mated unt of her ensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099 | -MISC) | n the nization related izations | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | _ | | | | | | | | | | |
| | | - | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 193,037. | | 0. | 1 | L2,595. |
| c Total from continuation sheets to Part VII, Se | ection A | | | | | | | 0. | | 0. | | 0. L2,595. |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but not lineportable compensation from the organization | limited to t | | | | bove | e) who | ► p re | 193,037. ceived more than | \$100,000 | | - | 12,595. |
| | | 2 | | | | | | | | | | Yes No |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the s | sum of rep | oortab | le c | com | pen | satior | n ar | nd other compens | sation from | the | 3 | |
| organization and related organizations gre | | | | | | | | | | | 4 | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | | | | | | | | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest com compensation from the organization. Report c year. | | | | | | | | | | | | |
| (A) Name and business add | Iress | | | | | | | (B) Description of se | ervices | C | (C) ompensa | ition |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (ir more than \$100,000 in compensation from the | | | | nited | d to | | l ie li | sted above) who | received | | | |

Form 990 (2020)

| | | Check if Schedule O co | ontains a respor | ise or note to any | y line in this Part V | / | | |
|---|---------|---|---------------------|--------------------|-----------------------------|---|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b | Federated campaigns Membership dues | | | | | | |
| ມີຄິ | c | Fundraising events | | 20,272. | | | | |
| `ts, | | - | | 20,272. | | | | |
| ilar | d | Related organizations | | 101 000 | | | | |
| in, | e | Government grants (contribu | | 181,000. | | | | |
| r S | f | All other contributions, gifts, | - | | | | | |
| bei | | and similar amounts not included | d above . <u>1f</u> | 1,656,829. | | | | |
| ĞŢ | g | Noncash contributions inclue | ded in | | | | | |
| non | | lines 1a-1f | | | | | | |
| 90 | h | Total. Add lines 1a-1f | | <u></u> ▶ | 1,858,101. | | | |
| | | | | Business Code | | | | |
| ice | 2a | PROTECT INCOME | | 900099 | 6,068. | 6,068. | | |
| er v | b | | | | | | | |
| Program Service Revenue | с | | | | | | | |
| eve | d | | | | | | | |
| -go R | е | | | | | | | |
| Pr | f | All other program service rev Total. Add lines 2a-2f | | ► | 6,068. | | | |
| | g 2 | Investment income (includ | | | 0,000. | | | |
| | 3 | | • | | 67. | | | 67. |
| | | other similar amounts) | | | 0. | | | |
| | 4 5 | Income from investment of | - | | 0. | | | |
| | 5 | Royalties | (i) Real | (ii) Personal | 0. | | | |
| | - | | | | | | | |
| | 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 1 7b | | | | | | |
| Rev | С | Gain or (loss) 7c | | | | | | |
| | d | Net gain or (loss) | <u></u> | <u></u> ▶ | 0. | | | |
| Other | 8a | Gross income from f | undraising | | | | | |
| 0 | | events (not including \$ | 20,272. | | | | | |
| | | of contributions reported | | | | | | |
| | | 1c). See Part IV, line 18 | | 22,904. | | | | |
| | b | Less: direct expenses | 8b | 8,485. | | | | |
| | с | Net income or (loss) from fu | | | 14,419. | | | 14,419. |
| | 9a | Gross income from activities. See Part IV, line 19 | gaming 9a | 0. | | | | |
| | h | Less: direct expenses | | 0. | | | | |
| | b C | Net income or (loss) from g | | | 0. | | | |
| | | | _ | | 5. | | | |
| | 10a | Gross sales of inventor returns and allowances | | 3,797. | | | | |
| | - | | | 410. | | | | |
| | b C | Less: cost of goods sold . Net income or (loss) from sal | 10b | | 2 207 | | | 2 207 |
| | U | | so or inventory | Business Code | 3,387. | | | 3,387. |
| snc | | | | Dusilless Code | | | | |
| Miscellaneous Revenue | 11a | | | ├ | | | | |
| ver | b | | | | | | | |
| Re | С | | | | | | | |
| Mis | d | All other revenue | | | | | | |
| _ | | Total. Add lines 11a-11d | | | 0. | | | |
| | 12 | Total revenue. See instructio | ns | 🕨 | 1,882,042. | 6,068. | | 17,873. |

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 0 foreign individuals. See Part IV, lines 15 and 16 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 141,770. 107,051. 34,719 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 30,903 30,903 persons described in section 4958(c)(3)(B) 763,389. 763,389. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 111,961. 106,363. 5,598 9 Other employee benefits 255,389. 281,551. 26,162. 10 11 Fees for services (nonemployees): 0 a Management 16,248. 8,124. 8,124 b Legal 3,201. 6,402. 3,201. c Accounting 0 d Lobbying 0. e Professional fundraising services. See Part IV, line 17 0. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 9,323. 6,526. 2,797 12 Advertising and promotion 0. 13 Office expenses 9,243. 3,612. 5,631. 14 Information technology 0. 15 Royalties 27,179. 22,526. 4,653. Occupancy 16 0. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0. Conferences, conventions, and meetings 19 0. 20 0. 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 36,624. 21,974. 14,650. Insurance 23 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.) a PROTECT EXPENSES 219,027. 219,027. bCREDIT CARD FEES 2,638. 1,031. 1,607. С d 4,997. 1,953. 3,044. e All other expenses 1,661,255 1,520,166. 141,089 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0.

JSA 0E1052 1.000

following SOP 98-2 (ASC 958-720)

Form **990** (2020)

3STRANDS GLOBAL FOUNDATION

| art X | | ort V | | |
|----------------------------------|--|--------------------------|------|--------------------|
| | Check if Schedule O contains a response or note to any line in this Pa | (A) Beginning of year | •••• | (B) End of year |
| 1 | Cash - non-interest-bearing | 754,995. | 1 | 935,358 |
| 2 | Savings and temporary cash investments. | 259,343. | 2 | 297,733 |
| 3 | Pledges and grants receivable, net | 0. | 3 | |
| 4 | Accounts receivable, net. | 0. | 4 | |
| 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 | |
| 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 | |
| 7 | Notes and loans receivable, net | 0. | 7 | |
| 8 | Inventories for sale or use | 0. | 8 | |
| 9 | Prepaid expenses and deferred charges | 0. | 9 | |
| 10 a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a | | | |
| k | Less: accumulated depreciation | 0. | 10c | |
| 11 | Investments - publicly traded securities | 0. | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | |
| 14 | Intangible assets | 0. | 14 | |
| 15 | Other assets. See Part IV, line 11 | 0. | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,014,338. | 16 | 1,233,08 |
| 17 | Accounts payable and accrued expenses | 9,877. | 17 | 4,24 |
| 18 | Grants payable | 0. | 18 | |
| 19 | Deferred revenue. | 0. | 19 | 938 , 45 |
| 20 | Tax-exempt bond liabilities. | 0. | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | 21 | |
| 22 | Loans and other payables to any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 22 | controlled entity or family member of any of these persons | 0. | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 181,000. | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | 747,761. | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 938,638. | 26 | 942,69 |
| | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 75 , 700. | 27 | 290,39 |
| 28 | Net assets with donor restrictions | 0. | 28 | |
| 27 28 29 30 31 32 | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 | Total net assets or fund balances | 75,700. | 32 | 290,39 |
| 33 | Total liabilities and net assets/fund balances | 1,014,338. | 33 | 1,233,08 |

JSA

3STRANDS GLOBAL FOUNDATION

| Form 99 | 0 (2020) | | | Pa | ge 12 | |
|---------|---|-----------|-----|---------|--------------|--|
| 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 | 1,8 | 82,0 |)42. | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | - | 61,2 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 20,7 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 75,700. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 0. | | |
| 6 | Donated services and use of facilities | | | | 0. | |
| 7 | Investment expenses | 7 | | | 0. | |
| 8 | Prior period adjustments | 8 | | -6,0 | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | 2 | 90,3 | 399. | |
| 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," ex | plain 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 com | piled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 37 | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | X 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 ove | - | | 3.7 | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountar | | 2c | Х | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain on | | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | h in the | | | 37 | |
| | 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 under | • | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au | dits | 3b | 000 | | |

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2

| | | nt of the Treasury evenue Service | 1 | Go to www.irs.go | Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | |
|--|--------|---|--|---|--|--|-----------------------------------|-------------------------------|-------------------------------------|--|--|--|--|
| Nam | e of t | he organization | • | | | | | Employer identifi | cation number | | | | |
| 3S | TRA | NDS GLOBAL | | | | | | 27-45943 | | | | | |
| | rt I | | | • | <u> </u> | | | art.) See instruction | S | | | | |
| | orga | | | | is: (For lines 1 through | | | , | | | | | |
| 1 | | - | | | tion of churches desc | | | | | | | | |
| 2 | | | | | . (Attach Schedule E | - | | | | | | | |
| A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii) | | | | | | | | | | | | | |
| 4 | | | - | - | conjunction with a nos | spital de | scribed li | n section 1/0(b)(1)(A) | (III). Enter the | | | | |
| F | | hospital's nam | | | | | d or one | rated by a governme | ental unit described in | | | | |
| 5 | | - | | Complete Part II.) | a college of universit | y owner | u or ope | rated by a governme | | | | | |
| 6 | | | | | rnmental unit describe | d in sect | tion 170(| b)(1)(A)(v). | | | | | |
| 7 | Х | | - | • | | | | | om the general public | | | | |
| | | - | | (1)(A)(vi). (Compl | - | | - J- | | 5 - 5 - F - F | | | | |
| 8 | | | | | b)(1)(A)(vi) . (Complete | e Part II.) | | | | | | | |
| 9 | | - | | | | - | | I in conjunction with a | land-grant college | | | | |
| | | or university of | or a non-land- | grant college of ag | griculture (see instruct | ions). E | nter the | name, city, and state o | f the college or | | | | |
| | | university: | | | | | | | | | | | |
| 10 11 | | receipts from support from acquired by th | activities rela gross investme organizatio | ted to its exempt f nent income and u in after June 30, 1 | unctions, subject to c | ertain ex able inco (a)(2). (0 | xceptions ome (les Complete | | n 331/3 % of its | | | | |
| 12 | | - | - | | • | • | | | carry out the purposes | | | | |
| | | of one or mo | re publicly su | pported organizati | ons described in sec | ion 509 | (a)(1) or | • section 509(a)(2). S | see section 509(a)(3). | | | | |
| | | Check the box | in lines 12a t | hrough 12d that d | escribes the type of s | upporting | g organiz | zation and complete li | nes 12e, 12f, and 12g. | | | | |
| а | | 🗌 Type I . A ຣເ | upporting orga | anization operated | , supervised, or contr | olled by | its supp | orted organization(s), | typically by giving | | | | |
| | | the supporte | ed organizatio | on(s) the power to | regularly appoint or e | lect a m | ajority of | f the directors or truste | es of the | | | | |
| | _ | _ supporting o | organization. | You must complet | e Part IV, Sections A | and B. | | | | | | | |
| b | | | | | | | | supported organizati | | | | | |
| | | | - | | - | the sam | ne persor | ns that control or man | age the supported | | | | |
| | | | . , | | , Sections A and C. | | | | | | | | |
| С | | | | - · · | · | | | n with, and functional | lly integrated with, | | | | |
| | | | - | | ns). You must comple | | | | | | | | |
| d | | | - | | | | | ection with its suppor | | | | | |
| | | | | • • | omplete Part IV, Sect | - | | oution requirement and | an allentiveness | | | | |
| е | Г | | - | | - | | | hat it is a Type I, Type I | I Type III | | | | |
| C | | | - | | ionally integrated sup | | | | n, rype m | | | | |
| f | En | | | | | | organiza | | | | | | |
| g | | | | - | orted organization(s). | | | | | | | | |
| | | ame of supported | | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of | | | | |
| | | | | | (described on lines 1-10 above (see instructions)) | - | our governing ment? | support (see instructions) | other support (see instructions) | | | | |
| | | | | | | Yes | No | instructions) | | | | | |
| (A) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | |
| Tot | al | | | | | | | | | | | | |
| For | Paper | rwork Reduction A | ct Notice. see th | e Instructions for Form | 990 or 990-EZ. | | | Schedule A | (Form 990 or 990-EZ) 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

27-4594317

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

| Sec | tion A. Public Support | | | | | | |
|--------|--|--------------------|--------------------|------------------|------------------|-----------------|----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 733,114. | 434,447. | 1,134,284. | 1,365,165. | 1,858,101. | 5,525,111. |
| 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 | 733,114. | 434,447. | 1,134,284. | 1,365,165. | 1,858,101. | 5,525,111. |
| 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 | | | | | | 27,938. |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 from line 4 | | | | | | |
| | tion B. Total Support | | | | | | 5,497,173. |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| _ | | 733,114. | 434,447. | 1,134,284. | 1,365,165. | 1,858,101. | 5,525,111. |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | ,00,111. | 101/11/1 | 2,006. | 1,616. | 67. | 3,689. |
| 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.) <u>ATCH 1</u> | 4,452. | 13,499. | 312. | | | 18,263. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 5,547,063. |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) . | | | | 12 | 328,421. |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here | the organizatio | on's first, second | , third, fourth, | or fifth tax yea | ar as a section | 501(c)(3) |
| Sec | tion C. Computation of Public Sup | oort Percenta | ge | | | | |
| 14 | Public support percentage for 2020 (lin | ne 6, column (f) |), divided by line | 11, column (f)) | | 14 | 99.10% |
| 15 | Public support percentage from 2019 | | | | | 15 | 93.60 % |
| 16a | 331/3% support test - 2020. If the org | | | | | | |
| | box and stop here. The organization qu | | | | | | |
| b | 331/3% support test - 2019. 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 t | | | - | - | | |
| _ | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 15 is 10% or more, and if the organiz | | | | | - | - |
| | in Part VI how the organization meets | | | - | - | | |
| 4.0 | organization | | | | | | |
| 18 | Private foundation. If the organizatio | | | | | | |
| | instructions | | | | | | <u> ► ∟</u> |

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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 | | | | | | |
|--------------|---|------------------|---------------------|-------------------|-----------------|--------------------|-------------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 . | <u> </u> | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | <u> </u> | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | <u> </u> | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | J | | | | | |
| 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| 800 | line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| - | Amounts from line 6. | (0) 2010 | (0) 2011 | (0) 2010 | (4) 2010 | (0) 2020 | (1) 10101 |
| 9 10 a | 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 5 years. If the Form 990 is for | r the organizati | on's first, secor | d, third, fourth, | or fifth tax ye | ear as a section | 501(c)(3) |
| | organization, check this box and stop here | <u></u> | | | | <u></u> | · · · . ▶ |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 15 | Public support percentage for 2020 (line 8 | | • | | | 15 | % |
| 16 | Public support percentage from 2019 Sche | | | | | 16 | % |
| Sec | tion D. Computation of Investmen | t Income Perc | centage | | | | |
| 17 | Investment income percentage for 2020 (li | ne 10c, column (| f), divided by line | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2019 | | | | | 18 | % |
| 19 a | 331/3% support tests - 2020. If the or | - | | | | | |
| | 17 is not more than 331/3%, check this | - | - | | | ••••• | |
| b | 331/3% support tests - 2019. If the org | | | | | | |
| | line 18 is not more than 331/3%, check | | • | • | . , | | |
| 20 | Private foundation. If the organization of | did not check a | a box on line 1 | 4, 19a, or 19b, | | | |
| JSA 0E122 | ^{11.000} 3719NV K922 5/5/2022 1 | 0.27.05 7.4 | ₩ 20_7 01 | 1 | 173687 | Schedule A (Form 9 | 990 or 990-EZ) 2020 PAGE 1 |
| | J/J/ZUZZ 1 | 0.2/.0J AM | v ∠∪ /•∠⊥ | | T / J U U / | | ב מסת ב |

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

27-4594317

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

JSA 0E1229 1.010 10b | Schedule A (Form 990 or 990-EZ) 2020

| Part | Supporting Organizations (continued) | | Yes | No |
|-------|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | | | | |

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

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).*

Section D. All Type III Supporting Organizations

| | | | Yes | No | |
|---|--|---|-----|----|--|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously | | | | |
| | provided? | | | | |
| 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). | | | | |
| 3 | By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI</i> the role the organization's | | | | |
| | supported organizations played in this regard. | 3 | | | |

Section 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 instructions). | | | | | | |
|---|---|---|---------|---------|-----|--|--|
| 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 governmental entity (se | e instr | uctions | s). | | |
| • | | | | | | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | | | | | |
| а | Did | substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | | | |

| a | 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. |
| | |

- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **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.*

2a

2b

3a

3b

27-4594317



1

2

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi | g trust on | Nov. 20, 1970 (expla | |
|---|----------------|--------------------------------|--------------------------------|
| Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | 1e | | |
| 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 0.015 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 0.035. | 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 0.85 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

0E1231 1.000

| Schedu | le A (Form 990 or 990-EZ) 2020 | | | | Page 7 |
|----------|--|------------------------------------|---------------------------------------|----|---|
| Part | V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organizat | tions (continued) | | |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | ed | | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organized | zations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | rovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2020 | าร | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 | | | | |
| | (reasonable cause required - <i>explain in Part VI).</i> See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| <u>a</u> | | | | | |
| b | From 2016 | | | | |
| <u> </u> | From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from | | | | |
| | Section D, line 7: \$ Applied to underdistributions of prior years | | | | |
| a b | Applied to 2020 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, <i>explain in Part VI.</i> See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| Ũ | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2016 | | | | |
| b | Excess from 2017 | | | | |
| C | Excess from 2018 | | | | |
| d | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |
| | | | | | |

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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.)

| SCHEDULE A, PART II - | OTHER INCOME | C | | | ATTACHMENT | 1 |
|-----------------------|--------------|---------|------|------|------------|---------|
| DESCRIPTION | 2016 | 2017 | 2018 | 2019 | 2020 | TOTAL |
| OTHER INCOME | 4,452. | 13,499. | 312. | | | 18,263. |
| TOTALS | 4,452. | 13,499. | 312. | | | 18,263. |

1173687

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

3STRANDS GLOBAL FOUNDATION

Employer identification number

27-4594317

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year

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).

| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) | | | | | | |
|---|----------|--------|------------|--|--|--|
| Name of organization | 3STRANDS | GLOBAL | FOUNDATION | | | |

| (-) | <i>1</i> . \ | | ()) |
|------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | N/A | \$181,000. | Person X 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.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization 3STRANDS GLOBAL FOUNDATION

Employer identification number 27-4594317

| 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) (2020)

JSA

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| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) | Page 4 | | | | |
|--|--------------------------------|--|--|--|--|
| Name of organization 3STRANDS GLOBAL FOUNDATION | Employer identification number | | | | |
| | 27-4594317 | | | | |
| Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or | | | | | |

| | Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit | the year from any ions completing Par e year. (Enter this in | one contributor. (Ill, enter the total formation once. S | Complete columns (a) through (e) an 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 |
| | Transferee's name, address, ar | (e) Transf nd ZIP + 4 | • | nship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, ar | (e) Transf nd ZIP + 4 | - | nship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, ar | (e) Transf nd ZIP + 4 | - | nship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, ar | (e) Transf | - | nship of transferor to transferee |
| 54 | | | | Schedule B (Form 990, 990-EZ, or 990-PF) (202 |

| SCHEE | DULE D |
|-------|--------|
| (Form | 990) |

_

| (Fo | 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. Internal Revenue Service | | | OMB No. 1545-0047 |
|--------|--|--|--|----------------------|
| Nam | e of the organization | | Employer identificat | ion number |
| 3S1 | TRANDS GLOBAL | | 27-459431 | .7 |
| Pa | | tions Maintaining Donor Advised Funds or Other Similar Funds or | Accounts. | |
| | Complete | if the organization answered "Yes" on Form 990, Part IV, line 6. | | |
| | | (a) Donor advised funds | (b) Funds and o | other accounts |
| 1 | | nd of year | | |
| 2 | | f contributions to (during year) | | |
| 3 | | f grants from (during year) | | |
| 4 | | t end of year | | |
| 5 | | on inform all donors and donor advisors in writing that the assets held i | | Yes No |
| 6 | - | nization's property, subject to the organization's exclusive legal control? on inform all grantees, donors, and donor advisors in writing that grant fu | | |
| 0 | - | purposes and not for the benefit of the donor or donor advisor, or for a | | |
| | | issible private benefit? | | Yes No |
| Pa | | tion Easements. | | |
| | | if the organization answered "Yes" on Form 990, Part IV, line 7. | | |
| 1 | Purpose(s) of con | servation easements held by the organization (check all that apply). | | |
| 2 | Protection of Preservatio | | of a historically imp of a certified histor the form of a cons | ic structure |
| | | ast day of the tax year. | | End of the Tax Year |
| а | Total number of c | onservation easements | 2a | |
| b | Total acreage res | ricted by conservation easements | 2b | |
| С | | vation easements on a certified historic structure included in (a) | 2c | |
| d | | vation easements included in (c) acquired after 7/25/06, and not on a | | |
| _ | | sted in the National Register | 2d | |
| 3 | | rvation easements modified, transferred, released, extinguished, or termin | nated by the orga | nization during the |
| | tax year ► | where property subject to concervation accoment is located | | |
| 4 5 | | where property subject to conservation easement is located ►ation have a written policy regarding the periodic monitoring, inspecti | on handling of | |
| 5 | | orcement of the conservation easements it holds? | | |
| 6 | | hours devoted to monitoring, inspecting, handling of violations, and enforcing | | |
| | ► | | | |
| 7 | Amount of expens | es incurred in monitoring, inspecting, handling of violations, and enforcing co | onservation easeme | ents during the year |
| | ▶\$ | | | |
| 8 | | vation easement reported on line 2(d) above satisfy the requirements of section | | |
| | |)(4)(B)(ii)? | | Yes No |
| 9 | | be how the organization reports conservation easements in its revenue and | • | |
| | | d include, if applicable, the text of the footnote to the organization's financia ounting for conservation easements. | ai statements that c | iescribes the |
| Pa | | tions Maintaining Collections of Art, Historical Treasures, or Other | Similar Assets | |
| 10 | | if the organization answered "Yes" on Form 990, Part IV, line 8. | | |
| 1a | If the organization of art, historical t service, provide in | elected, as permitted under FASB ASC 958, not to report in its revenue reasures, or other similar assets held for public exhibition, education, Part XIII the text of the footnote to its financial statements that describes th | or research in fur lese items. | therance of public |
| h | If the organization | elected as permitted under EASE ASC 958 to report in its revenue st | atoment and hala | nce sheet works of |

| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: |
|---|--|
| | (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, historical treasures, or other similar assets for financial gain, provide the |

| 2 | If the organization received or held works of art, historical treasures, or other similar | assets for financial gain, provide t |
|---|---|--------------------------------------|
| | following amounts required to be reported under FASB ASC 958 relating to these items: | |
| а | Revenue included on Form 990 Part VIII line 1 | ► ¢ |

| a | | | ⊅ |
|---|--------------------------------------|-----|----|
| b | Assets included in Form 990, Part X. | ► 5 | \$ |

| For Pa | perwork Re | eduction A | Act Notice, see the | Instructions for | or Fori | n 990. |
|-----------------|------------|------------|---------------------|------------------|---------|-----------|
| JSA 0E1268 1 | 1.000 | | | | | |
| | 3719NV | K922 | 5/5/2022 | 10:27:05 | AM | V 20-7.21 |

Schedule D (Form 990) 2020

3STRANDS GLOBAL FOUNDATION

| | 3STRAND | S GLOBAL I | E'OUNDA'I'. | LON | | | | | 27-45 | 94317 | |
|-------|---|------------------------|--------------|------------------|----------------------|--------|----------|--------------------|-----------|-----------------|---------------|
| Scheo | lule D (Form 990) 2020 | | | | | | | | | | Page 2 |
| Ра | rt III Organizations Maintaining Co | llections of | Art, Histo | rical Tre | asures | s, or | Other | Similar A | Assets (| continued | d) |
| 3 | Using the organization's acquisition, acc | cession, and c | other recor | ds, check | any o | f the | follow | ing that r | nake sig | nificant us | se of its |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | | d | Loan d | or excha | ange | prograr | n | | | |
| b | Scholarly research | | e | Other | | 0 | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization | | and evol | ain how t | hav fur | thor | the ord | anization | 's avamn | t nurnose | in Part |
| - | XIII. | | | | ney fui | ther | | janization | 5 exemp | | in rait |
| F | | ait or rocoivo d | lonationa a | fort biot | orioal tr | 00011 | | othor oimi | lor | | |
| 5 | During the year, did the organization solid | | | | | | | | | Vee | |
| De | assets to be sold to raise funds rather that | | aineu as pa | | organiza | | scollec | | [| Yes | No |
| Pa | rt IV Escrow and Custodial Arrange | | о" ор Гол | 000 F | | line | 0 | a no mito di o | | | |
| | Complete if the organization a | inswered re | SONFOR | m 990, F | rant iv, | line | 9, 01 16 | eponed a | in amou | IL ON FOI | [[] |
| _ | 990, Part X, line 21. | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, cu | | | - | | | | | _ | | — |
| | included on Form 990, Part X? | | | | | | | | • • • • L | Yes | No |
| b | If "Yes," explain the arrangement in Part | XIII and comp | plete the fo | llowing tab | ole: | | | | | | |
| | | | | | | | | | Amount | | |
| С | Beginning balance | | | | | 1c | | | | | |
| d | Additions during the year | | | | | 1d | | | | | |
| е | Distributions during the year | | | | | 1e | | | | | |
| f | Ending balance | | | | | 1f | | | | | |
| 2a | Did the organization include an amount o | | | | | or cus | stodial | account lia | ability? | Yes | No |
| b | If "Yes," explain the arrangement in Part | XIII. Check he | ere if the e | xplanation | has be | en pro | ovided o | on Part XII | 1 | • • • • • • | |
| 1 | rt V Endowment Funds. | | | - | | | | | | | |
| | Complete if the organization a | inswered "Ye | es" on For | m 990, F | Part IV, | line | 10. | | | | |
| | | Current year | (b) Pric | | (c) Two | | | (d) Three y | ears back | (e) Four y | ears back |
| 4 - | | | . , | , | | - | | () | | , | |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | | |
| | and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the | current year e | end balanc | e (line 1g, | column | (a)) ł | neld as: | : | | | |
| а | Board designated or quasi-endowment | • | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Term endowment ▶% | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c | should equal 1 | 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the po | ssession of th | ne organiza | ation that | are helo | d and | admin | istered for | the | | |
| | organization by: | | | | | | | | | Y | es No |
| | (i) Unrelated organizations | | | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related orga | anizations liste | d as require | ed on Sch | edule R | ? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of | f the organiza | tion's endo | wment fur | nds. | | | | | | |
| Ра | rt VI Land, Buildings, and Equipme | nt. | | | | | | | 000 F | | 10 |
| | Complete if the organization a | | | 1 | | | | | | | |
| | Description of property | (a) Cost or (invest | | (b) Cost o (0 | or other ba ther) | 1515 | | cumulated eciation | (0 | i) Book valu | e |
| 1a | Land | | | | | | · | | | | |
| b | Buildings | | | | | | | | | | |
| c | Leasehold improvements | | | | | | | | | | |
| d | Equipment. | | | | | | | | | | |
| e | Other | | | | | | | | | | |
| | I. Add lines 1a through 1e. (Column (d) m | ust equal Form | n 990. Part | X. colum | ו (B). lin | e 100 | ;.) | • | | | |
| | | | , | , | · /, | | / | | | | |

Schedule D (Form 990) 2020

JSA 0E1269 1.000

| rt VII | Investments - Other Securities. Complete if the organization answered | "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 |
| Financia | al derivatives | | |
| Closely | held equity interests | | |
| Other | | | |
| A) | | | |
| B) | | | |
| C) | | | |
| D) | | | |
| E) | | | |
| F) | | | |
| <u>G)</u> | | | |
| H) | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| rt VIII | Investments - Program Related. Complete if the organization answered | "Yes" on Form 990 | , 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 |
| | | | |
| | | | |
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| | | | |
| | | | |
| . (Column | n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨 | | |
| rt IX | Other Assets. | "Yes" on Form 990 | , Part IV, line 11d. See Form 990, Part X, line 1 |
| | · · · | scription | (b) Book valu |
| | | • | |
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| | | | |
| | | | |
| | Imn (b) must equal Form 990, Part X, col. (B) li | ine 15.) | <u></u> |
| rt X | Other Liabilities. Complete if the organization answered line 25. | "Yes" on Form 990 | , Part IV, line 11e or 11f. See Form 990, Part X, |
| | | tion of liability | (b) Book valu |
| Feder | al income taxes | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | |

| SSTIMUDS GLODAL LOONDALLON | 3strands | GLOBAL | FOUNDATION |
|----------------------------|----------|--------|------------|
|----------------------------|----------|--------|------------|

| Schedu | le D (Form 990) 2020 | | Page 4 |
|-----------|---|---------|----------------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur 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 | 1,890,937. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | 2e | 8,895. |
| 3 | Subtract line 2e from line 1 | 3 | 1,882,042. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | - | |
| - | | | |
| a | | 1 | |
| b | | 40 | |
| °, | Add lines 4a and 4b | 4c 5 | 1,882,042. |
| 5 Dort | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | ÷ | 1,002,042. |
| Part | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | arri. | |
| | | 1 | 1,670,150. |
| 1 | Total expenses and losses per audited financial statements | | 1,0,0,100. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | - | |
| b | Prior year adjustments | - | |
| С | Other losses | - | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 8,895. |
| 3 | Subtract line 2e from line 1 | 3 | 1,661,255. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) |] | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). | 5 | 1,661,255. |
| | XIII Supplemental Information. | | |
| | 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 | Part V, | line 4; Part X, line |
| | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | | |

SEE PAGE 5

JSA 0E1271 1.000 3719NV K922 5/5/2022 10:27:05 AM V 20-7.21 1173687

Schedule D (Form 990) 2020

| Schedule D (Form 990) 2020 33 | STRANDS GLOBAL FOUNDAT | ION | 27-4594317 |
|-------------------------------|------------------------|----------|------------|
| Part XIII Supplemental Inform | ation (continued) | | |
| SCHEDULE D, PART XI, LINE | 2D | | |
| FUNDRAISING EVENT EXPENSE | | \$ 8,485 | |
| COST OF GOODS SOLD | | \$ 410 | |
| | | | |
| TOTAL | | \$ 8,895 | |
| | | | |
| SCHEDULE D, PART XII, LINE | E 2D | | |
| FUNDRAISING EVENT EXPENSE | | \$ 8,485 | |
| COST OF GOODS SOLD | | \$ 410 | |
| | | | |
| TOTAL | | \$ 8,895 | |

Page 5

| SCH | EDULE G | | Information Re | | | - | - | OMB No. 1545-0047 |
|--------|---------------------------------------|---|--|---------------|---|-----------------------------------|--|---|
| (For | m 990 or 990-EZ) | | he organization answer organization entered n | | | | 9, or if the | 2020 |
| | tment of the Treasury | ►G | Attach o to www.irs.gov/Forms | |) or Form 99 ructions and | | | Open to Public |
| | al Revenue Service | • • | | 330 101 11130 | | the latest mormation. | Employer identification | Inspection |
| | RANDS GLOBAL | FOUNDATION | | | | | 27-4594317 | |
| Par | | g Activities. Comp | lete if the organi | zation ar | swered " | Yes" on Form 9 | | 7. |
| | | EZ filers are not re | - | | | | , , | |
| 1 | | the organization rais | sed funds through a | | - | | | |
| а | | | е | | | non-government g | | |
| b | | email solicitations | f | | | government grant | S | |
| c d | | | g | | cial fundra | ising events | | |
| - | · | tion have a written of | r oral agreement w | vith any inv | dividual (ir | ocluding officers d | lirectors trustees | |
| | or key employee If "Yes," list the | es listed in Form 990 10 highest paid individent states and the second states and the se | , Part VII) or entity viduals or entities | in connec | tion with p | professional fundra | ising services? | Yes No fundraiser is to be |
| | (i) Name and addr or entity (fu | | (ii) Activity | custody o | 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 | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
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| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| Tota | 1 | | | | L | | | |
| 3 | | which the organizat | tion is registered o | or licensed | to solici | t contributions or | has been notified | it is exempt from |
| | registration or lic | | | | | | | |
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| Page 2 |
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|---------------|

| Sche | edule G (Form 990 or 990-EZ) 2020 | | | | Page 2 |
|------------------------|---|--------------------------|---|----------------------|--|
| Pa | art II Fundraising Events. Complete more than \$15,000 of fundra | | | | |
| | events with gross receipts gre | | 0 | | , , |
| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | BFR - VIRTUAL | VILLARA CAPITA | | (add col. (a) through |
| a) | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 Gross receipts | 20,404. | 22,772. | | 43,176. |
| Å | 2 Loss Contributions | 7 500 | 10 770 | | 00.070 |
| | 2 Less: Contributions3 Gross income (line 1 minus) | 7,500. | 12,772. | | 20,272. |
| | line 2) | 12,904. | 10,000. | | 22,904. |
| | | , | , | | |
| | 4 Cash prizes | | | | |
| | | | | | |
| | 5 Noncash prizes | | | | |
| es | | | | | |
| sus | 6 Rent/facility costs | | | | |
| хре | 7 Food and beverages | 223. | | | 223. |
| Direct Expenses | | | | | |
| irec | 8 Entertainment | | | | |
| | | | | | |
| | 9 Other direct expenses | 8,176. | 86. | | 8,262. |
| | 10 Direct expense summary. Add lin | es 4 through 9 in colu | ımn (d) | ► | 8,485. |
| | 11 Net income summary. Subtract li | ne 10 from line 3, colu | umn (d) | | 14,419. |
| Ра | art III Gaming. Complete if the org | | Yes" on Form 990, I | Part IV, line 19, or | reported more than |
| | \$15,000 on Form 990-EZ, lin | ie 6a. | 11 | | <u> </u> |
| Ine | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | | |
| Re | 1 Gross revenue | | | | |
| | | | | | |
| enses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| Direct Exp | | | | | |
| ect | 4 Rent/facility costs | | | | |
| Ē | | | | | |
| | 5 Other direct expenses | | | [] | |
| | | Yes % | | Yes% | |
| | 6 Volunteer labor | No | No | No | |
| | 7 Direct expense summary. Add lin | ues 2 through 5 in colu | umn (d) | ► | |
| | 7 Direct expense summary. Add im | | (u) | | |
| | 8 Net gaming income summary. Su | ubtract line 7 from line | 1, column (d) | | |
| | , | | , | <u> </u> | |
| 9 | | | | | |
| a | 5 | duct gaming activities | in each of these state | es? | Yes No |
| k | b If "No," explain: | | | | |
| | | | | | |
| 10a | a Were any of the organization's gaming | a licenses revoked aug | nended or terminated du | Iring the tax year? | Yes No |
| | | g licenses revoked, sus | - | | |
| ~ | | | | | |
| | | | | | |

Schedule G (Form 990 or 990-EZ) 2020

| | 3STRANDS GLOBAL FOUNDATION 27-4594317 | |
|-------|--|--------------|
| Sched | ule G (Form 990 or 990-EZ) 2020 Pa | age 3 |
| 11 | Does the organization conduct gaming activities with nonmembers? | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | |
| | formed to administer charitable gaming? | No |
| 13 | Indicate the percentage of gaming activity conducted in: | |
| а | 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 ► | |
| | | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ | |
| С | If "Yes," enter name and address of the third party: | |
| | Name ► | |
| | Address ► | |
| 16 | Gaming manager information: | |
| | Name | |
| | Gaming manager compensation ► \$ | |
| | Description of services provided ► | |
| | Director/officer Employee Independent contractor | |
| | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | No |
| Part | 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) 2020

| SCHE | DULEL | | Tra | ansactio | ns ' | With | n Interes | ted | Persons | | L | OME | 3 No. 1 | 545-00 | 047 | |
|---|---|------------|---|-------------------|-------------------------------|--------------------------------------|-----------------------------|----------------------------|---------------------------------------|-----------------|------------------------------|--------|----------|-----------------------------|----------------|----|
| (Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 26 | | | | | | | 28a, | ^{a,} 20 20 | | | | | | | | |
| Department of the Treasury Internal Revenue Service | | | 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | Open To Public Inspection | | | | | |
| Name of | the organization | | | | | | | | | Employer | | | numbe | er | | |
| | | | | | | | | | | | 4594 | | | | | |
| Part | | | | | | | | | 501(c)(29) organ 25a or 25b, or Fo | | | | line 4 | 0b. | | |
| 1 | (a) Name of disq | ualified p | person | (b) Relatio | nship t | oetween organiz | disqualified perse ation | on and | (c) D | escription | of trans | action | | | 1) Corr 'es | |
| (1) | | | | | | | | | | | | | | | | |
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| | Enter the amour | nt of ta | ax incurred by | v the organi | zation | mana | aere or disa | ualifiad | d persons during | the ver | or . | | | | | |
| | | | | | | | • · | | | - | | ▶ ९ | | | | |
| | | | | | | | | | | | | ► \$_ | | | | |
| • | | | , a,, e | | | | 2) 110 0.ga | | | | ••• | • _ | | | | |
| Part | Complete i | if the o | From Interest organization a orted an amo | answered "Ye | es" or | | | | ine 38a or Form § | 990, Pari | : IV, lir | ne 26; | or if t | he | | |
| Department of the Treasury Internal Revenue Service Name of the organization 3STRANDS GLOBAL Part I Excess Ber Complete if 1 (a) Name of disqu (1) (2) (3) (4) (5) (6) 2 Enter the amount under section 49 3 Enter the amount under section 49 3 Enter the amount under section 49 3 Enter the amount (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (1) (2) (3) (4) (5) (6) (7) (6) (7) (1) (1) (2) (3) (4) (5) (6) (6) | rson (b) Relationship with organization | | (c) Purpose of Ioan | fror | an to or n the ization? | (e) Original principal amount | | (f) Balance due | (g) In (| (g) In default' | | | | (i) Writt agreeme | | |
| | | | | | То | From | | | | Yes | No | Yes | No | Yes | | ١o |
| (1) | | | | | | | | | | | | | | | 1 | |
| (2) | | | | | | | | | | | | | | | \top | |
| (3) | | | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | | | |
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| Part | | | | | | | | lino 2 | 7 | | | | | | | |
| (a) N | | | (b) Relationshi | ip between intere | sted (d | | | | (d) Type of assistance | • | (e) | Purpo | se of as | sistanc | e | |
| (1) | | | | | | | | | | | | | | | | |
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| (7) | | | | | | | | | | | | | | | | |
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| (8) | | | | | | | | | | | | | | | | |
| (8) (9) (10) | | | | | | | | | | | | | | | | _ |

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons. 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 | (e) Sharing of organization? | |
|-------------------------------|---|---------------------------|--------------------------------|------------------------------|----|
| | | | | 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 3STRANDS GLOBAL FOUNDATION

- C) \$30,903
- D) COMPENSATION
- E) NO

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 211 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

3STRANDS GLOBAL FOUNDATION

Employer identification number 27-4594317

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 TRAFFICKING.

FORM 990, PART III, LINE 4A

PROTECT

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

Employer identification number 27-4594317

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. 325+ 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

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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 ANYWHERE IN WORLD. THE EVENT GIVES 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.

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FORM 990, PART VI, SECTION B, LINE 12C
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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 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

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