

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

Α	F	or the	2011 calen <u>dar ye</u>	ear, or tax year beginni	ing , ai	nd ending					
B T ∵			.,	Name of organization	-			-	DE	Employer id	dentification number
X		Address C	-	lohal Divorc	ity Foundation	n, Inc				20-87	72517
^	า .	Name cha			nail is not delivered to street addres		•	Room/suite		Telephone n	
-	٦°	nitial retu	•••	.O. Box 194		-,		1.00,1100		•	73-5996
-	┪	Ferminate Amended	<u> </u>	or town, state or country, and Z	IP + 4					Group Exer	
-	ヿ			ristol	VT	05443			l	Number	hption
G					Other (specify)			H Check	$\overline{}$		anization is not
1				global-diver				-		ach Sched	
, J				only one) — X 501(c)(3)		0) 4947/2	1)(1) or	— ı		90-EZ, or 9	
K		Check			509(a)(3) supporting orga						
•••					990 return is not required t			-	_		· ·
				to file a return, be sure t			. (о р	ootoura, may be n	5400	u (000ot	100.01.07
L		•		· ·	eceipts If gross receipts are \$	200.000 or mor	e. or if total	assets (Part II.			
					orm 990 instead of Form 990-		.,			▶ \$	69,076
	*****	art I			anges in Net Assets		Balances	s (see the instru	ction	s for Part	
		_		•	chedule O to respond to						X
-		1		grants, and similar amounts						1	68,521
		2	Program service r	revenue including gover	nment fees and contracts					2	555
		3	Membership dues	s and assessments		3					
		4	Investment incom	пе	L	4					
		5 a	Gross amount fro	om sale of assets other t	han inventory		5a	·			
		b	Less cost or othe	er basis and sales exper	nses		5b				
2		С	Gain or (loss) from s	ale of assets other than investigation	entory (Subtract line 5b from lii	ne 5a)			L	5c	
0	ı	6	Gaming and fund	raising events							
, 2	₽	а	Gross income from	m gaming (attach Sched	dule G if greater than						
£ 6 2012	Revenue		\$15,000)				6a				
<u>_</u> .	윤	b		m fundraising events (n			of contrib	utions			
OCT.			•	•	1) (attach Schedule G if the	•	1 1				
	-		₹	s income and contribution	•		6b				
SCANNED		C		nsesifrom gaming and f			6c				
Z		d		ss)-from-gaming and fur	ndraising events (add lines	6a and 6b ar	nd subtract				
3		_	line 6¢	D.1 0 9016 O			1 _ 1		-	6d	·
\mathfrak{Z}		7a	1 1-3	ĸġutġſĸijeġġŢęjjūruzand			7a				
(i)	-	b	Less cost of good	ds sold	one (Cultination 7h from	luna 7a)	7b			7 -	
	-	C	Other revenue (1)	SELECTION SAIDS OF INVENT	ory (Subtract line 7b from	ine /a)			F	7c	
	Ì	8 9	Total revenue A	Add lines 1, 2, 3, 4, 5c, 6	id 7c and 8				▶	9	69,076
_	\dashv	10		ar amounts paid (list in S						10	03,070
		11	Benefits paid to o		Jonedaic O				┝	11	
	ا پر	12	· ·	ompensation, and emplo	ovee benefits					12	33,984
	Se	13			independent contractors				F	13	16,468
	Expenses	14		, utilities, and maintenan					┌	14	130
t	ŭ	15	· · · · · · · · · · · · · · · · · · ·	ions, postage, and shipp						15	876
		16	• .	(describe in Schedule O	-				Ī	16	13,795
	ļ	17	•	Add lines 10 through 16	•					17	65,253
-		18		t) for the year (Subtract I					$\neg \uparrow$	18	3,823
•	Net Assets	19			of year (from line 27, colu	mn (A)) (mus	t agree wit	h	Γ		
	Asŧ			e reported on prior year's		,				19	11,968
	ē	20			inces (explain in Schedule	O)				20	-1,309
•	-	21	_		ar Combine lines 18 throu				▶ [21	14,482

For Paperwork Reduction Act Notice, see the separate instructions.

 (γV)

Form 990-EZ (2011)

	Diversity Foundation	, Inc. 20	0-8772517	_		Page 2
	(see the instructions for Part II.)					
Check if the organize	zation used Schedule O to respond to	any question in this	Part II			X
•		<u> </u>	(A) Beginning of year		(8)	End of year
22 Cash, savings, and investments		_	11,96	8 22	<u> </u>	<u>50,165</u>
23 Land and buildings		<u> </u>		0 23	<u> </u>	
24 Other assets (describe in Schedul	e O)	<u></u>		0 24	 	
25 Total assets		<u> </u>	11,96	_	<u> </u>	50,165
26 Total liabilities (describe in Sche	•	<u> </u>		0 26	 	35,683
	e 27 of column (B) must agree with line 21)		11,96	8 27	<u> </u>	14,482
	gram Service Accomplishments	•	, –	7		penses
	zation used Schedule O to respond to	any question in this	Part III	=- \	•	for section
What is the organization's primary exe	mpt purpose?					and 501(c)(4)
See Schedule O				- 1	-	ons and section
	ervice accomplishments for each of its thre		•) trusts, optional
persons benefited, and other relevant	and concise manner, describe the services	provided, the number	OI	fo	r others)
· · · · · · · · · · · · · · · · · · ·	mormation for each program title			-		
28 See Schedule O					1	
					†	
(Canada &) If the comment is already a factor of the comment	about hour	. r	٦		E0 110
(Grants \$) If this amount includes foreign grants,	check here	P	28a	 	52,113
29					İ	
					1	
(Cronto \$). If this amount includes foreign greats	ahaak hasa	⊾ r	ر ا مور		
(Grants \$) If this amount includes foreign grants,	cneck nere		29a	 	
30						
(Grants \$) If this amount includes foreign greats	abaal: basa	⊾ ⊓	٦ ممء		
(Grants \$ 31 Other program services (describe) If this amount includes foreign grants,	check here	<u> </u>	30a	 	
(Grants \$	·	ahaak hasa		7 24-		
32 Total program service expenses) If this amount includes foreign grants,	check here		31a 32	-	52,113
	ctors, Trustees, and Key Employees. List	t each one even if not	compensated (see		uctions f	
Check if the organizat	ion used Schedule O to respond to any que	estion in this Part IV	· · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) N	ame and address	(b) Title and average hours per week	(c) Reportable compensation compensation	(d) Heath Intributions t	benefits, to employee	(e) Estimated amount of
(-)		devoted to position	[(Forms W-2/1099-MISC)]	benefit pla deferred con	ans, and	other compensation
Nancy Turner	Victoria	President	\(\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\text{\tint{\text{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\text{\tint{\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\texit{\text{\text{\ti}\tint{\text{\text{\tint{\tint{\text{\tin\tint{\text{\tin\text{\tin\tint{\tint{\tin\tint{\text{\tin\tint{\text{\tin\tin\tint{\ti}\tint{\tint{\tin\tint{\tint{\tint{\tin\tint{\tint{\tin\tite\tint{\text{\tin\tint{\tin\tin\texit{\tin\tint{\tiin\tin\tin\tint{\tint{\tint{\tin\tint{\tin\tin\tint{\tint{\tint{\tint{\tint{			
1290 Tracksell Ave.	CA V8P 2C9	0.25			0	o
Dr. Christine Padoch	New York	Vice Pres.	1			<u>~</u>
71 E 7th Street	NY 10003	0.25	ا		0	٥
Dr. John R. Stepp	Gainesville	Secretary				<u></u>
1112 Turlington Hall	FL 32611	0.25	ا،		0	0
Dr. Thomas Carlson	Berkeley	Treasurer	1			<u>-</u>
960 Euclid Ave.	CA 94720	0.25	ا،		0	0
Norma Ketay Asnes	New York	Board Member	<u> </u>			
1035 Fifth Ave	NY 10028	0.25	ا		0	0
Dr. Octaviana Trujillo	Flagstaff	Board Member	1			
Northern Arizona University	AZ	0.25			0	0
				-		<u> </u>
						-
		-	 			
_						
				_		
DAA						990 E7 (2044)

Forn	1 990-EZ (2011)	Global	Diversity	Foundation,	Inc.	20-8772	2517		F	Page :
P:	art ¥ Other i	Information	n (Note the Sched	dule A and personal b rganization used Sch	enefit contra	ct statement respond to any	equirements in the	e art V		
	5.44		.						Yes	No
33				y not previously reported	to the IRS? If	"Yes," provide a	1			١.,
34	detailed description			g or governing documen	4-2 If "Vaa " at			33_	 -	X
54				nge to the organization						
	change on Schedu			inge to the organization	s name Other	wise, explain the	;	34		x
35a				ncome of \$1,000 or mo	re during the ve	ear from busines	: 4	34	 	 ^
			ed on lines 2, 6a, and			ouo buoo.	.5	35a		x
b				n 990-T for the year? If	"No," provide a	ın explanation in	Schedule O	35b		
С				or 501(c)(6) organizatio						T
	reporting, and prox	y tax require	ments during the yea	r? If "Yes," complete So	hedule C, Part	: III		35c		x
36				n, termination, or signifi	cant disposition	n of net assets				
			lete applicable parts i					36		X
37a				ect, as described in the	instructions	► 37a				
ь	_		120-POL for this year					37b		X
38a				to, any officer, director,	•		ere			
_			-	ding at the end of the ta	x year covered		•	_38a		X
39	Section 501(c)(7)			otal amount involved		38b	 			
ээ a	, ,, ,	•	⊏nter butions included on li	no 0		200				
b		•	9, for public use of c			39a 39b		\longrightarrow		
40a				imposed on the organiz	ration during th					
			, section 49		_	ction 4955				
b				e organization engage i			nefit	—		
				cess benefit transaction					1	İ
				"Yes," complete Schedu				40b		x
C	Section 501(c)(3) a	and 501(c)(4)	organizations Enter	amount of tax imposed	on					
	organization manag	gers or disqu	alified persons during	the year under section	s 4912,					
	4955, and 4958					▶_				
d			organizations Enter	amount of tax on line 40	Oc .					
	reimbursed by the	J				▶_	.	<u> </u>		
е				s the organization a par	ty to a prohibite	ed tax shelter				
44	transaction? If "Yes			atv				40e	L	X
41 42a			y of this return is filed	► NY nah McCandless			alaskana na 🔈	802-54	E - 2	<u> </u>
724	=	. Box 194	care or P Caban	nan necanaress	•	'	elephone no	002-34	:5-2	.523
	Located at ▶ Bri					VT	ZIP+4 ▶	05443		
b	At any time during	the calendar	year, did the organiz	ation have an interest in	or a signature	or other author	ty over		Yes	No
				ink account, securities a				42b	1	X
	If "Yes," enter the r									
			ons and filing requirer	ments for Form TD F 90	-22.1, Report	of Foreign Ban	k			
_	and Financial Acc									
C				ation maintain an office	outside of the	087		42c		X
43	If "Yes," enter the r			Form 990-EZ in lieu of	Form 1041	Chook have				
70			•	or accrued during the t		Check here	▶ 43			▶ [
		J. 11 10 10 10 0 10 0 10 0 10 0 10 0 10	mpt interest reserved	or accraca during the t	ax year		_ 43		Yes	No
44a	Did the organizatio	n maintain ai	ny donor advised fund	ds during the year? If "Y	es." Form 990	must be			165	NO
	completed instead			3 · · 3 · · · · · ·				44a	1	x
b	Did the organizatio	n operate on	e or more hospital fa	cilities during the year?	If "Yes," Form	990 must be		11.5		1
	completed instead	of Form 990	-EZ					44b	1	x
C				r tanning services during				44c		X
d	If "Yes" to line 44c,	has the orga	anization filed a Form	720 to report these pay	ments? If "No,	," provide an				
	explanation in Scho	edule O						44d	 	
45a	-		· ·	e meaning of section 5				45a	<u></u>	X
45b				gage in any transaction		•	he			
	-		If "Yes," Form 990 a	nd Schedule R may nee	d to be comple	eted instead of				
	Form 990-EZ (see	instructions)						45b		[X
DAA								Form 99	90-EZ	Z (2011

COITH	990-E	2 (2011) GIODAL DIVELSILY FO	undation,	Inc. Z	<u> </u>			Page 4
46		e organization engage, directly or indirectly, in politi		es on behalf of or	in opposition		Ye	
Pa	rt VI	Section 501(c)(3) organizations and 501(c)(3) organizations and 501(c)(3) organizations and 52, and complete the tables for lines:	section 4947(a) (a)(1) nonexempt c	(1) nonexemp	ot charitable to must answer que	rusts only. All se estions 47-49b	ection	<u> </u>
		Check if the organization used Schedule (O to respond to any	question in this	s Part VI			
47	Did th	e organization engage in lobbying activities or have	a section 501(h) elec	ction in effect duri	ng the tax		Ye	s No
		If "Yes," complete Schedule C, Part II			ng the tax		47	x
48	Is the	organization a school as described in section 170(b	o)(1)(A)(II)? If "Yes," c	omplete Schedule	Ε		48	X
49a		e organization make any transfers to an exempt no		rganization?			49a	X
b		s," was the related organization a section 527 organ					49b	
50		lete this table for the organization's five highest con						
	emplo	yees) who each received more than \$100,000 of co	ompensation from the		r	,	1	
		(a) Name and address of each employee paid more than \$100,000		(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	F 1	ed amount of npensation
None	•							
			~	_		<u> </u>		
	 .					-		
-						-		
			··· <u>·</u> ····					
f 51	Comp	number of other employees paid over \$100,000 lete this table for the organization's five highest con 000 of compensation from the organization. If there	npensated independe is none, enter "None	nt contractors wh	o each received m	ore than		
	(a)	Name and address of each independent contractor paid more than	\$100,000	(b) T	ype of service	(c) Co	mpensation	
No	ne							
			 					
			····					
					<u>.</u>			
		74-41					7. 17	
d		number of other independent contractors each rece	•	• <u> </u>		¥		
52		e organization complete Schedule A? Note All sec		ations and 4947(a	a)(1)	⊾ ⊽) w [٦
Inde		empt charitable trusts must attach a completed Sch es of perjury, I declare that I have examined this return, in		abodulas and state	mosto and to the he		Yes	No
true, c	correct,	and complete Declaration of preparer (other than officer)	is based on all informat	ion of which prepare	er has any knowledg	e e	ia beller, it	IS
Sign	1	Susannah PACalless			9/7/17 Date			
Here		Susannah McCandless Type or print name and title		Mana	ging Dire	ctor		
		Print/Type preparer's name	Preparer's signature		Date		PTIN	
Paid	1	Bethany H. Dever, CPA	Bellon U	Dalw CYL	9/3	Check if	P01285	305
Prep	arer	Firm's name Dever Accounting	g Services	WAY COL			-4698	
Use	Only	Firm's address 36 Main St	6443					
May	the IR	S discuss this return with the preparer shown above					453-1 X Yes	7000 No
								EZ (2011)

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Global Diversity Foundation, Inc.

Employer identification number 20-8772517

P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art) Se	e inst	ruction	ns			
The	orga			e it is (For lines 1 through 11, o										
1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	l)(A)(i).							
2			cribed in section 170(b)(1)(
3		A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(iii).							
4				d in conjunction with a hospital o)(1)(A)(i	ii). Ente	r the h	ospital's na	me.		
		city, and state		•			•	,				,		
5		•		of a college or university owned	or operate	ed by a g	overnme	ental uni	t descri	bed in				
			b)(1)(A)(iv). (Complete Part			, - 3								
6		•		, overnmental unit described in s	ection 17	0(b)(1)(A	1(v)							
7	X							from the	deners	l nublic				
•			anization that normally receives a substantial part of its support from a governmental unit or from the general public ped in section 170(b)(1)(A)(vi). (Complete Part II.)											
8			unity trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9) more than 33 1/3% of its supp	-	contributi	one me	mharchi	n foor	and are				
•										_)33			
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
			=	0, 1975 See section 509(a)(2).	•			, 110111 6	/usines					
10	\Box													
11	H	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
• •	ш	=	*	•	•			•			1			
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
	a Type I b Type II c Type III-Functionally integrated d Type III-Other													
е	П	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons												
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)													
	or section 509(a)(2)													
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting												
			check this box			••	•	• • •	·					\Box
g		Since August	t 17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of th	ne							LJ
Ī		following per	· ·			•								
				ontrols, either alone or together	with perso	ons descr	ıbed ın (ıı) and				Г	Yes	No
			w, the governing body of the	•	•		`	•			11g	(1)		
			member of a person describ	• • •							119	\neg		
			ontrolled entity of a person of								119			
h			•	he supported organization(s)							ب	. //		
(i) Nam	e of supported	(iı) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi)	s the	(vii)	Amour	nt of	
	org	ganization		(described on lines 1–9		sted in your		nization in of your	organizat	ion in col zed in the	s	upport	t	
				above or IRC section (see instructions))	governing	document?		port?		5 ?				
					Yes	No	Yes	No	Yes	No				
A)														
						L <u>.</u>								
B)														
					ļ									
C)					{			_]					
					 				<u> </u>					
D)														
E)			-		 		 		 					
-,														

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)

<u>Sec</u>	tion A. Public Support		-				
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	88,895	90,000	118,226	60,185	72,028	429,334
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	88,895	90,000	118,226	60,185	72,028	429,334
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		•••••				179,143
	tion B. Total Support	<u></u>		<u>.</u>		l	250,191
	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	88,895	90,000	118,226	· · ·		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88,893	90,000	118,226	60,185	72,028	429,334
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						429,334
12	Gross receipts from related activities, etc	(see instructions)		- 1		12	555
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax yea	ir as a section 501	(c)(3)	
	organization, check this box and stop her	е					•
Sec	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2011 (line 6	, column (f) divided	by line 11, colum	n (f))		14	58.27%
15	Public support percentage from 2010 School					15	53.93%
16a	33 1/3% support test—2011. If the organ	ızatıon did not ched	k the box on line	13, and line 14 is 3	3 1/3% or more, o	heck this	
	box and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			► X
b	33 1/3% support test—2010. If the organ	ization did not chec	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mi	ore,	
	check this box and stop here. The organiz			-			▶ [_
17a	10%-facts-and-circumstances test—201	1. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa organization	icts-and-circumstar	ices" test. The org	anization qualifies	as a publicly supp	oorted	▶ □
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	-					
	Explain in Part IV how the organization me				=		
	supported organization				4	······································	▶ □
18	Private foundation. If the organization di	d not check a box o	n line 13, 16a, 16	b, 17a, or 17b. che	ck this box and se	e	· L
	instructions		. ,				▶ □

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

(Complete only if you checked the box on line 9 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)

	tion A. Public Support		_				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				•		
Sec	tion B. Total Support	<u>i</u>	L	<u> </u>	!	LL	
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(4, 200.	(3) 2000	(0) 2000	(4) 2010	(0, 2011	(i) Total
10a	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	<u></u>					
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 IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ve	ar as a section 50	1(c)(3)	-
	organization, check this box and stop her		·	· ·			▶ [
<u>Sec</u>	tion C. Computation of Public Su	upport Percen	tage				
15	Public support percentage for 2011 (line 8	• • •	•	nn (f))		15	%
16	Public support percentage from 2010 Sch			·		16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2011 (i	17	%				
18 192	Investment income percentage from 2010			. 44 and to 145		18 <u>18 </u>	
19a	33 1/3% support tests—2011. If the orga						▶ □
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2010. If the orga		=	· · · · · · · · · · · · · · · · · · ·			▶ [
~	line 18 is not more than 33 1/3%, check th					•	▶ □
20	Private foundation. If the organization did		-			•	•

Part IV . Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

2011
Open to Public Inspection

Global Diversity Foundation, Inc.

Employer identification number 20-8772517

Form	990-EZ,	Part	I,	Line	16	-	Other	Expenses
Description								Amount
Exper	ises							

Bank fees	\$	174
Business expenses	\$	220
Travel	\$	9,438
Membership dues	\$	250
Staff development	\$	13
GESA-Int'l Training Grant	\$	3,700
	Total \$	13,795

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances
Description
Amount

Unrealized gain on investment	\$ 449
Adjustment from accrual of prior year info	\$ -1,758

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of	Year End	of Year
Deferred Revenue	\$	0 \$	34,156
Payroll liabilities	\$	0 \$	1,435
Due to regional programs	\$	0 \$	92

Form 990-EZ, Part III - Primary Exempt Purpose

The Global Diversity Foundation promotes agricultural, biological and cultural diversity around the world through research, training and social

Global Diversity Foundation, Inc.

Employer identification number 20-8772517

action. We conduct applied research and provide training on biocultural diversity at specific field sites in Africa, Asia, and Latin America. Our community and conservation projects build on local traditions and knowledge to secure education, health, nutrition and other basic human rights for marginalized peoples. In collaboration with diverse institutions, we support the participation of a wide range of community members — including children, young adults, and elders — in our research and development programs. Areas of specific focus include the continuity of ethnobiological knowledge, community access to biological resources, adaptation to environmental and social change, and the conservation of biological and cultural diversity. We bring these concerns to a wider public through international courses, publications and our website.

Form 990-EZ, Part III, Line 28 - First Accomplishment

1. International Program

This program seeks to assess and strengthen the role of community conservation initiatives in safeguarding biocultural diversity from local levels to a global scale. The goal is to broaden GDF's focus on grssroots community conservation initiative, enviornmental justice, and the empowerment of indigenous community researchers.

2. International Training

Training and strategy-building events to promote learning and discussion of contemporary issues in biocultural diversity, environment and society. The

Name of the organization

Global Diversity Foundation, Inc.

Employer identification number 20-8772517

intent is to raise awareness and the capacity to document and promote biocultural diversity through courses, workshops and other events.