

201 GALENA CT  
BELLVUE, CO 80512

970-420-1376  
bmantle@dandrproducts.com

May 23, 2023

GLOBAL LEADERS INC.  
JOSEPH FONTANA, EXECUTIVE DIRECTOR  
405 E. PROSPECT, APT 4  
FORT COLLINS, CO 80525

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**Form 990-EZ**

No tax is due.

Do not mail this form as it is being e-filed. A copy is enclosed for your records.

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**Form CA 199**

Do not mail this form as it is being e-filed. A copy is enclosed for your records.

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Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2022

8453-EO

Exempt Organization name GLOBAL LEADERS INC.	Identifying number 45-4279561
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**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	185,208
2 Total gross income (Form 199, line 8)	2	176,973
3 Total expenses and disbursements (Form 199, line 9)	3	202,130

**Part II Settle Your Account Electronically for Taxable Year 2022**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	0	4b Withdrawal date (mm/dd/yyyy)	
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number	_____	7 Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
6 Account number	_____			

**Part IV Declaration of Officer**



I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**



<b>Sign Here</b>		_____		EXECUTIVE DIRECTOR
	Signature of officer	Date	Title	

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN P01239414
	Firm's name (or yours if self-employed) and address	 ROBERT D MANTLE 201 GALENA CT BELLVUE CO			Firm's FEIN
					ZIP code 80512

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature 	Date	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN P01239414	
	Firm's name (or yours if self-employed) and address	 ROBERT D MANTLE 201 GALENA CT BELLVUE CO			Firm's FEIN
					ZIP code 80512

# 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](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. GLOBAL LEADERS INC.	Taxpayer identification number (TIN) 45-4279561
	Number, street, and room or suite no. If a P.O. box, see instructions. 405 E. PROSPECT, APT 4	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT COLLINS, CO 80525	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	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
Form 990-T (corporation)	07		

• The books are in the care of ► JOSEPH FONTANA

Telephone No. ► 970-232-8522 Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0000 . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 22 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

# Short Form Return of Organization Exempt From Income Tax

## 2022

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.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A For the 2022 calendar year, or tax year beginning</b> _____, <b>and ending</b> _____	
<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>GLOBAL LEADERS INC.</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 405 E. PROSPECT 4
<input type="checkbox"/> Name change	City or town State ZIP code FORT COLLINS CO 80525
<input type="checkbox"/> Initial return	Foreign country name Foreign province/state/county Foreign postal code
<input type="checkbox"/> Final return/terminated	
<input type="checkbox"/> Amended return	
<input type="checkbox"/> Application pending	
<b>D</b> Employer identification number 45-4279561	
<b>E</b> Telephone number (970) 231-1125	
<b>F</b> Group Exemption Number 0000	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).	
<b>I</b> Website: <a href="http://www.glcca.org">www.glcca.org</a>	
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 185,208	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	94,204
	<b>2</b> Program service revenue including government fees and contracts . . . . .	60,709
	<b>3</b> Membership dues and assessments . . . . .	
	<b>4</b> Investment income . . . . .	147
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	5a
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	5b
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c 0
	<b>6</b> Gaming and fundraising events:	
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 24,000	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	6c 9,222	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 14,778	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	7a 6,148	
<b>b</b> Less: cost of goods sold . . . . .	7b 8,235	
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c -2,087	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	8	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 167,751	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	10
	<b>11</b> Benefits paid to or for members . . . . .	11
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	12 93,786
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	13
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	14 9,100
	<b>15</b> Printing, publications, postage, and shipping . . . . .	15 1,572
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	16 88,450
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	17 192,908	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18 -25,157
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 109,347
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 84,190

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	104,379	<b>22</b> 83,994
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	7,040	<b>24</b> 2,080
<b>25</b> <b>Total assets</b> . . . . .	111,419	<b>25</b> 86,074
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	2,072	<b>26</b> 1,884
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	109,347	<b>27</b> 84,190

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? <b>SEE DETAILED EXPLANATION IN SCHEDULE O</b>	<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
<b>28</b> Students spend 12 days in Guatemala as culmination to their 9 month program. They stay with a host family, sharing traditions & culture. Students participate in 4 service projects that substantially benefit the community. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	67,580
<b>29</b> Students participate in a 9 month domestic leadership program that includes weekly service-learning opportunities with other local non-profit organizations & monthly leadership seminars that focus on community issues. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	1,200
<b>30</b> Work & Earn program allows students to subsidize their program fees. Global Leaders staff assist in developing student skills such as service learning, planning & execution, grant writing, fundraising & public speaking. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses.</b> (add lines 28a through 31a) . . . . .	<b>32</b>	68,780

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSEPH FONTANA EXECUTIVE DIRECTOR	Hr/WK 25.00	10,415		
KYLA WORTH PROGRAM MANAGER	Hr/WK 35.00	44,496		
CASEY BURGAT BOARD MEMBER	Hr/WK 2.00			
MARC BUFFINGTON BOARD MEMBER	Hr/WK 2.00			
KRISTINA CASH BOARD MEMBER	Hr/WK 2.00			
SHAWNA HAWES BOARD MEMBER	Hr/WK 2.00			
ASHLEY JONES BOARD MEMBER	Hr/WK 2.00			
SARAH ELLIOTT BOOKKEEPER	Hr/WK 1.00	1,500		
SKYLAR HALOPOFF PROGRAM ASSISTANT	Hr/WK 15.00	6,198		
CECILIA ARROYO PROGRAM MANAGER	Hr/WK 30.00	19,852		
ZOE BASHKIN PROGRAM ASSISTANT	Hr/WK 8.00	1,492		

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b>	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<b>37a</b>	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<b>38a</b>	X
<b>b</b>	If "Yes," complete Schedule L, Part II, and enter the total amount involved.	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9.	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities.	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	<b>40b</b>	X
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	<b>40e</b>	X
<b>41</b>	List the states with which a copy of this return is filed.		
<b>42a</b>	The organization's books are in care of <u>JOSEPH FONTANA</u> Telephone no. <u>970-232-8522</u> Located at <u>1510 PETERSON STREET</u> City <u>FORT COLLINS</u> ST <u>CO</u> ZIP + 4 <u>80524</u>		
<b>b</b>	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)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	X
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country _____	<b>42c</b>	X
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year.	<b>43</b>	
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<b>44a</b>	X
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<b>44b</b>	X
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	X
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	X
<b>b</b>	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	<b>45b</b>	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . 46 Yes No X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . . 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48 Yes No X

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No X

b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. . . . . [X] Yes [ ] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: JOSEPH FONTANA, Date: EXECUTIVE DIRECTOR, Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: ROBERT D MANTLE, Preparer's signature, Date: 5/23/2023, Check [X] if self-employed, PTIN: P01239414, Firm's name, Firm's EIN, Firm's address: 201 GALENA CT, BELLVUE, CO 80512, Phone no.: 970-420-1376

May the IRS discuss this return with the preparer shown above? See instructions . . . . . [ ] Yes [X] No

**Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees**

Name of Organization

GLOBAL LEADERS INC.

Employer identification number

45-4279561

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
LISA MAHLER				
COMMUNITY LIASON	Hr/WK 1.00	3,716		
ROB ROTH				
BOARD MEMBER	Hr/WK 2.00			
JOSHUA RING				
PROGRAM ASSISTANT	Hr/WK 3.00	1,350		
SARAH EIESENACH				
PROGRAM ASSISTANT	Hr/WK 3.00	1,267		
NATALIE STOCKLEY				
PROGRAM MANAGER	Hr/WK 3.00	3,500		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
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Electronic Filing Only



**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**990 or Form 990-EZ.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> GLOBAL LEADERS INC.	<b>Employer identification number</b> 45-4279561
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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 acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	61,730	106,068	94,184	78,727	94,204	434,913
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	61,730	106,068	94,184	78,727	94,204	434,913
<b>5</b> 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) . . . . .						152,478
<b>6 Public support.</b> Subtract line 5 from line 4						282,435

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	61,730	106,068	94,184	78,727	94,204	434,913
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	15	8	36	98	147	304
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						435,217
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	64.90%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	64.65%
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> 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 . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</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 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on 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 the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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? <i>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.</i>			
<b>b</b> Did the activities described on 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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	0	0
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		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	0	0
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .	0		
b	From 2018 . . . . .	0		
c	From 2019 . . . . .	0		
d	From 2020 . . . . .	0		
e	From 2021 . . . . .	0		
f	<b>Total</b> of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2022 distributable amount			0
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2022 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2018 . . . . .	0		
b	Excess from 2019 . . . . .	0		
c	Excess from 2020 . . . . .	0		
d	Excess from 2021 . . . . .	0		
e	Excess from 2022 . . . . .	0		

**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.)

Area with horizontal dashed lines for supplemental information.

Electronic Filing Only



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (GLOBAL LEADERS INC.) and Employer identification number (45-4279561)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private 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), 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), 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).

Name of organization GLOBAL LEADERS INC.	Employer identification number 45-4279561
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OTTERCARES FOUNDATION ----- 401 W. OAK STREET ----- FORT COLLINS CO 80521 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COMMUNITY FOUNDATION OF NORTHERN CO ----- 4745 WHEATON DR ----- FORT COLLINS CO 80525 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROTARY CLUB OF FORT COLLINS ----- P.O. BOX 1206 ----- FORT COLLINS CO 80521 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GROUP GIVES ----- 2803 E HARMONY ROAD ----- FORT COLLINS CO 80528 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL LEADERS INC.	Employer identification number 45-4279561
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization GLOBAL LEADERS INC.	Employer identification number 45-4279561
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov. _____ Country _____			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov. _____ Country _____			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov. _____ Country _____			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov. _____ Country _____			

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

GLOBAL LEADERS INC.

Employer identification number

45-4279561

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
<b>Total</b>					0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AUCTION - FIESTA (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	24,000	0	24,000
	2	Less: Contributions . . . . .	0	0	0
	3	Gross income (line 1 minus line 2) . . . . .	24,000	0	24,000
Direct Expenses	4	Cash prizes . . . . .		0	0
	5	Noncash prizes . . . . .		0	0
	6	Rent/facility costs . . . . .	2,000	0	2,000
	7	Food and beverages . . . . .	4,025	0	4,025
	8	Entertainment . . . . .		0	0
	9	Other direct expenses . . . . .	3,197	0	3,197
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			( 9,222)
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .			14,778	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .				0
	3	Noncash prizes . . . . .				0
	4	Rent/facility costs . . . . .				0
	5	Other direct expenses . . . . .				0
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 0)	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				0	

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13 Indicate the percentage of gaming activity conducted in:
- |   |            |   |
|---|------------|---|
| a The organization's facility . . . . . | <b>13a</b> | % |
| b An outside facility . . . . .         | <b>13b</b> | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
  - b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_ 0
  - c If "Yes," enter name and address of the third party:
- Name \_\_\_\_\_
- Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_ 0

Description of services provided \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . \$ \_\_\_\_\_ 0

**Part IV** **Supplemental Information.** Provide the explanations 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.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

GLOBAL LEADERS INC.

Employer identification number

45-4279561

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 201

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 3,948

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 1,189

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 631

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Fees: 22

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & Subscriptions: 89

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 26

Form 990-EZ, Part I, Line 16, Other Expenses: Legal & Professional Fees: 856

Form 990-EZ, Part I, Line 16, Other Expenses: Licenses & Business Fees: 179

Form 990-EZ, Part I, Line 16, Other Expenses: Office Supplies and Software: 2,544

Form 990-EZ, Part I, Line 16, Other Expenses: Payroll Tax Expense: 8,840

Form 990-EZ, Part I, Line 16, Other Expenses: Program Expenses - Guatemala: 67,580

Form 990-EZ, Part I, Line 16, Other Expenses: Program Expenses - Food Bank: 1,200

Form 990-EZ, Part I, Line 16, Other Expenses: Recruitment: 454

Form 990-EZ, Part I, Line 16, Other Expenses: Payroll Expense: 691

Form 990-EZ, Part II, Line 24, Other Assets: RENT DEPOSITS: Beginning of year: 400, End of  
year: 400

Form 990-EZ, Part II, Line 24, Other Assets: COFFEE INVENTORY: Beginning of year: 6,640, End  
of year: 1,680

Form 990-EZ, Part II, Line 26, Liabilities: PAYROLL TAXES PAYABLE: Beginning of year: 2,072,  
End of year: 1,884

Form 990-EZ, Part III, Section PURPOSE, Line 1: Global Leaders (GL) is a 501(c)(3) non-profit  
organization that empowers students to become leaders through service locally and abroad. GL  
is a youth led organization that empowers, challenges & transforms young people into leaders  
with a global vision. GL educates youth to promote social & environmental justice through

education and service. Global Leaders educates youth from diverse socioeconomic, ethnic,

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

HTA

Schedule O (Form 990) 2022



Name of the organization

Employer identification number

GLOBAL LEADERS INC.

45-4279561

racial & geographic backgrounds to become active leaders who promote social & environmental

justice through education and service in the US and abroad. GL has invested in developing

extraordinary youth leaders by challenging them to collaboratively confront complex global

issues.

Electronic Filing Only

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>GLOBAL LEADERS INC.</b>	EIN or SSN <b>45-4279561</b>
Name and title of officer or person subject to tax <b>JOSEPH FONTANA</b> <span style="float:right"><b>EXECUTIVE DIRECTOR</b></span>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b _____
2a Form 990-EZ check here . . . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b <u>167,751</u>
3a Form 1120-POL check here . . . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22). . . . .	3b _____
4a Form 990-PF check here . . . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b _____
5a Form 8868 check here . . . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b _____
6a Form 990-T check here . . . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____
7a Form 4720 check here . . . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____
8a Form 5227 check here . . . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b _____
9a Form 5330 check here . . . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b _____
10a Form 8038-CP check here . . . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) GLOBAL LEADERS INC., (EIN) 45-4279561 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize ROBERT D MANTLE CPA to enter my PIN 82888 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 5/22/2023

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84070182888  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 5/23/2023

**ERO Must Retain This Form—See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_\_

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury Internal Revenue Service

Name of filer: GLOBAL LEADERS INC. EIN or SSN: 45-4279561 Name and title of officer or person subject to tax: JOSEPH FONTANA EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Total revenue/tax/amount (1b-10b). Includes checkboxes for each form type and a table for amounts.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) GLOBAL LEADERS INC., (EIN) 45-4279561 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

Form with checkboxes for PIN authorization. Selected: I authorize ROBERT D MANTLE CPA to enter my PIN 82888 as my signature.

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

Form with checkbox: As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return.

Signature of officer or person subject to tax: \_\_\_\_\_ Date: 5/23/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Form with text box containing 84070182888 and instruction: do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: \_\_\_\_\_ Date: \_\_\_\_\_

ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

**Summary of Unadjusted Basis of Qualified Property (4562)**

12/31/2022

**Summary of Qualified Property by Activity**

Activity		Unadjusted Cost or Basis
<b>1</b>	990EZ . . . . .	6,576

**Detail of Qualified Property**

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
<b>2</b>	990EZ	OFFICE EQUIPMENT	4/20/2015	5.0	8	4,076	100.00%	4,076
<b>3</b>	990EZ	3-D OFFICE PRINTER	10/25/2018	5.0	5	2,500	100.00%	2,500

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	94,204
2	Noncash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events) . . . . .	6	0
7	Associated organization contributions . . . . .	7	
8		8	
9		9	
10		10	
11	Total . . . . .	11	94,204

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	147
2	Dividends and interest from securities . . . . .	2	0
3	Gross rents . . . . .	3	
4	Other investment income . . . . .	4	
5	Total . . . . .	5	147

# Assets by Classification - 990EZ

12/31/2022

GLOBAL LEADERS INC. 45-4279561

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2022 Deprec.	2022 Accum. Deprec.
<b>5-yr Office machinery (data-handling equipment, except computers)</b>																
	OFFICE EQUIPMENT	4/20/2015	F-6	100.00%	4,076	0	0	0	0	4,076	5.0	200DB	HY	4,076	0	4,076
	3-D OFFICE PRINTER	10/25/2018	F-6	100.00%	2,500	0	0	2,500	0	0	5.0	200DB	HY	2,500	0	2,500
	Total: 5-yr Office mach (data handling)				6,576	0	0	2,500	0	4,076				6,576	0	6,576
	SubTotals				6,576	0	0	2,500	0	4,076				6,576	0	6,576
	Less: Disposed Assets				( 0)	( 0)	( 0)	( 0)	( 0)	( 0)				( 0)	( 0)	( 0)
	Ending Totals				6,576	0	0	2,500	0	4,076				6,576	0	6,576

# Detail Report - 990EZ

12/31/2022

GLOBAL LEADERS INC. 45-4279561

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2022 Current Deprec.	2022 Accum. Deprec.
	OFFICE EQUIPMENT	4/20/2015	100.00%	4,076	0	0	4,076	5.0	200DB	HY	4,076	0	4,076
	3-D OFFICE PRINTER	10/25/2018	100.00%	2,500	0	2,500	0	5.0	200DB	HY	2,500	0	2,500
	SubTotals			6,576	0	2,500	4,076				6,576	0	6,576
	Less: Disposed Assets			( 0)	( 0)	( 0)	( 0)				( 0)	( 0)	( 0)
	Ending Totals			<u>6,576</u>	<u>0</u>	<u>2,500</u>	<u>4,076</u>				<u>6,576</u>	<u>0</u>	<u>6,576</u>

California Exempt Organization Annual Information Return

2022

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name GLOBAL LEADERS INC. California corporation number 3712825

Additional information. See instructions. FEIN 45-4279561

Street address (suite or room) 405 E. PROSPECT, APT 4 PMB no.

City FORT COLLINS State CO Zip code 80525

Foreign country name Foreign province/state/county Foreign postal code

A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return?... E Check accounting method... F Federal return filed?... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g?... L Is the organization a limited liability company?... M Did the organization file Form 100 or Form 109 to report taxable income?... N Is the organization under audit by the IRS... O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers 1-16 and corresponding amounts.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer EXECUTIVE DIRECT Date (970) 231-1125 Preparer's signature Date 05/23/2023 Check if self-employed [X] PTIN P01239414 Firm's name (or yours, if self-employed) and address ROBERT D MANTLE 201 GALENA CT, BELLVUE, CO 80512 Telephone 970-420-1376

May the FTB discuss this return with the preparer shown above? See instructions... [X] Yes [ ] No



**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	90,857	00
	2	Interest	●	2	147	00
	3	Dividends	●	3		00
	4	Gross rents	●	4		00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See instructions)	●	6		00
	7	Other income. Attach schedule	●	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	91,004	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		00
	10	Disbursements to or for members.	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	93,786	00
	12	Other salaries and wages	●	12		00
	13	Interest	●	13		00
	14	Taxes	●	14		00
	15	Rents	●	15	9,100	00
	16	Depreciation and depletion (See instructions)	●	16		00
	17	Other expenses and disbursements. Attach schedule	●	17	99,244	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	202,130	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		104,379		● 83,994
2	Net accounts receivable				●
3	Net notes receivable				●
4	Inventories				●
5	Federal and state government obligations				●
6	Investments in other bonds				●
7	Investments in stock				●
8	Mortgage loans				●
9	Other investments. Attach schedule				●
10	<b>a</b> Depreciable assets	6,576		6,576	
	<b>b</b> Less accumulated depreciation	(6,576)		(6,576)	
11	Land				●
12	Other assets. Attach schedule		7,040		● 2,080
13	<b>Total assets</b>		111,419		86,074
<b>Liabilities and net worth</b>					
14	Accounts payable				●
15	Contributions, gifts, or grants payable				●
16	Bonds and notes payable				●
17	Mortgages payable				●
18	Other liabilities. Attach schedule		2,072		1,884
19	Capital stock or principal fund				●
20	Paid-in or capital surplus. Attach reconciliation				●
21	Retained earnings or income fund		109,347		● 84,190
22	<b>Total liabilities and net worth</b>		111,419		86,074

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000					
1	Net income per books	● -25,157	7	Income recorded on books this year not included in this return. Attach schedule	●
2	Federal income tax	●	8	Deductions in this return not charged against book income this year.	
3	Excess of capital losses over capital gains	●		Attach schedule	●
4	Income not recorded on books this year. Attach schedule	●	9	<b>Total.</b> Add line 7 and line 8	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	10	<b>Net income per return.</b>	
6	<b>Total.</b> Add line 1 through line 5	-25,157		Subtract line 9 from line 6	-25,157

**Line 3, Part I (CA 199) - Contributor Detail Schedule**

42,000

	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
1	OTTERCARES FOUNDATION	401 W. OAK STREET	FORT COLLINS	CO	80521				20,000
2	COMMUNITY FOUNDATION OF NORTHERN CO	4745 WHEATON DR	FORT COLLINS	CO	80525				12,000
3	ROTARY CLUB OF FORT COLLINS	P.O. BOX 1206	FORT COLLINS	CO	80521				5,000
4	GROUP GIVES	2803 E HARMONY ROAD	FORT COLLINS	CO	80528				5,000
5									

**Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees**

93,786

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	JOSEPH FONTANA					EXECUTIVE DIRECTOR	25	10,415
2	KYLA WORTH					PROGRAM MANAGER	35	44,496
3	CASEY BURGAT					BOARD MEMBER	2	
4	MARC BUFFINGTON					BOARD MEMBER	2	
5	KRISTINA CASH					BOARD MEMBER	2	
6	SHAWNA HAWES					BOARD MEMBER	2	
7	ASHLEY JONES					BOARD MEMBER	2	
8	SARAH ELLIOTT					BOOKKEEPER	1	1,500
9	SKYLAR HALOPOFF					PROGRAM ASSISTANT	15	6,198
10	CECILIA ARROYO					PROGRAM MANAGER	30	19,852
11	ZOE BASHKIN					PROGRAM ASSISTANT	8	1,492
12	LISA MAHLER					COMMUNITY LIASON	1	3,716
13	ROB ROTH					BOARD MEMBER	2	
14	JOSHUA RING					PROGRAM ASSISTANT	3	1,350
15	SARAH EIESENACH					PROGRAM ASSISTANT	3	1,267
16	NATALIE STOCKLEY					PROGRAM MANAGER	3	3,500

**Line 17, Part II (CA 199) - Other Deductions**

1	Pension plans, employee benefits . . . . .	1	0
2	Legal fees . . . . .	2	0
3	Accounting fees . . . . .	3	0
4	Other professional fees . . . . .	4	0
5	Travel, conferences, and meetings . . . . .	5	0
6	Printing and publications . . . . .	6	1,572
7	Special events direct expenses . . . . .	7	9,222
8	Office expenses . . . . .	8	0
9	Other expenses . . . . .	9	88,450
10	_____	10	_____
11	_____	11	_____
12	Total . . . . .	12	99,244

**Line 12, Sch L (CA 199) - Other Assets**

		Beginning	End
1	Assets	7,040	2,080
2	PREPAID EXPENSES	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	Total . . . . .	7,040	2,080

**Line 18, Sch L (CA 199) - Other Liabilities**

		Beginning of Year	End of Year
1	Liabilities	2,072	1,884
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	Total	2,072	1,884