Form	990
Form	990

Department of the Treasury

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Return of Organization Exempt From Income Tax

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



Internal Revenue	Service Go to www.irs.gov/Form990 for instructions and t			Inspection
A For the 2	022 calendar year, or tax year beginning and	ending		
B Check if applicable:	C Name of organization		D Employer identific	ation number
Address change	Global Pediatric Alliance			
Name change	Doing business as		46-227776	56
Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
Final return/	P. O. Box 640046		415-567-3	
termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	429,976.
Amended	Sall Flancisco, CA 94104		H(a) Is this a group re	
Applica- tion pending	F Name and address of principal officer: Stacey Ramirez		for subordinates	? Yes X No
	same as C above		H(b) Are all subordinates in	No Yes
	pt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)$	or 527		list. See instructions
J Website:			H(c) Group exemption	
	ganization: X Corporation Trust Association Other	L Year	of formation: 2013 N	I State of legal domicile: CA
	Summary			
o 1 Bri	iefly describe the organization's mission or most significant activities: \underline{Redu}			
- IS	nd newborn deaths in Latin America throu			
žia 2 Ch	neck this box if the organization discontinued its operations or dispos			
3 NL				5
ତ 4 Nu ଷ	imber of independent voting members of the governing body (Part VI, line 1b)			5
oT 5 To	tal number of individuals employed in calendar year 2022 (Part V, line 2a)			<u> </u>
	tal number of volunteers (estimate if necessary)			
V 7a To				0.
b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11			
		-	Prior Year 333, 237.	Current Year 429,976.
	ontributions and grants (Part VIII, line 1h)		0.	429,970.
0	ogram service revenue (Part VIII, line 2g)		0.	0.
	restment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		333,237.	429,976.
	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,054.	6,971.
	ants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0,571.
45 0-	enefits paid to or for members (Part IX, column (A), line 4) Ilaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		88,149.	97,434.
	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	tal fundraising expenses (Part IX, column (A), line 176)	67.	U .	0.
	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		197,678.	241,118.
	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		295,881.	345,523.
	evenue less expenses. Subtract line 18 from line 12		37,356.	84,453.
			ginning of Current Year	End of Year
Net Assets or Fund Balances ot 05 Net Assets or Det Assets or Det Assets or Det Assets or Det Assets of Det Asse	tal assets (Part X, line 16)		290,640.	357,526.
	tal liabilities (Part X, line 26)		17,605.	38.
22 Net	et assets or fund balances. Subtract line 21 from line 20		273,035.	357,488.
Part II	Signature Block		,	
	es of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief. it is
	and complete. Declaration of preparer (other than officer) is based on all information of wh			

Sign	Signature of officer			Date		
	Stacey Ramirez, Executive	Director				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	CCA LLP	CCA LLP	05/02	/23 self-employed	20058	7987
Preparer	Firm's name CCA LLP			Firm's EIN 45-4	10606	96
Use Only	Firm's address 2300 Contra Costa	Blvd.				
	Pleasant Hill, CA	94523		Phone no. (925)	685	-2911
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
					_	000 (0000)

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) Global Pediatric Alliance 46-2277766 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Global Pediatric Alliance's mission is to promote grassroots
	empowerment and community-based healthcare to reduce maternal and
	infant mortality, and improve the lives of women and children in poor,
	rural areas in Latin America.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1 including grants of \$) (Revenue \$)
	Training Program: In poor regions where access to state health services
	is limited, Indigenous midwives often provide essential maternal &
	child healthcare. GPA provides these health workers with training in
	evidence-based pediatric primary care, prenatal care, birth techniques & management, recognition of risk factors, danger signs, newborn care &
	a protocol for emergency-care response. In 2022, we worked with more
	than 400 midwives and health promoters in Mexico & Guatemala, and
	provided 40 traditional midwives with leadership skills. We trained 95
	Indigenous youth to advocate for the health needs of their communities,
	such as preventing child marriage and violence, and we trained 244
	medical staff to provide culturally respectful care for Mayan women.
	Our programs benefitted more than 100,000 people.
4b	(Code:) (Expenses \$62,826 . including grants of \$6,971 .) (Revenue \$)
	Small Grants Program: GPA funds well-conceived, sustainable grassroots
	health projects known to have a significant impact on maternal & child
	health designed by local communities. We provide financial assistance
	and training in project management to empower groups to achieve
	long-term impact & sustainability. In 2022, GPA supported four
	community-driven projects, including working with 250 Guatemalan women
	and children in order to reduce the severe malnutrition afflicting
	their communities; strengthening the skills of 90 health promoters in
	Mayan communities in Mexico & Guatemala, and promoting maternal & child
	health services to Indigenous women by Indigenous women.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services (Describe on a	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	304,601.		
				Form 990 (2022)

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Form 990 (2022) Global Pediatric Alliance Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI	11a	- 23	<u> </u>
D		11b		x
с	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f				
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1 -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		┝──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
232003	3 12-13-22	⊦orm	330	(2022)

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1 0	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
94		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	i
Par				
	Check if Schedule O contains a response or note to any line in this Part V		V	
4	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a2Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
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	1			,

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Part V Statements Regarding Other IRS Filings and Tax Compliance continued 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 1 1 1 2b It at least one is reported on Ine 2a, did the organization file all required fideal employment tax returns? 2a X 3b It at least one is reported to nine 2a, did the organization here an interaction one during the year? 3a X 3b It as at one is reported to nine 3a, did the organization here an interaction or other authomity ore, a reparation in the remark of the organization here an interaction is a bank account, securities account, or other authomity ore, a reparation here an interaction the an and the organization here an interaction accounts? 4a X bit 1**st, "inter the name of the organization here an interaction accounts? 5a X 5b X bit 1**st, "inter the name of the organization here an interaction accounts? 5a X 5b X bit 1**st, "into the organization here anneal prote necessits that are canneal grant metal scale activation? 5a X bit 1**st, "into the organization here anneal prote necessits that are canneal protein reported? 5a X bit 1**st, "into the organization incluse with every solicitation an express statenert that auto contrebaton again activation and aco	Form	990 (2022) Global Pediatric Alliance		46-2277	766	Pa	age 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 1 b Tate least one is reported on line 2a, dd the organization file all required federal employment tax returns? 3a X a Did the organization have unclude business grows income of 51000 mere during the year? 3b X b If Yas, 'has if thed a Form 900-Tire this year. (dit the organization have an interest in, or Signature or other authority over, a financial account in a forsign country (such as such account as prohibited tax sheet or other authority over, a financial accounts for films counters to FIG/CRAP. 3b b If Yas, 'has in the an organization tax products tax sheet transaction at any time during the stayes?'' is a prohibited tax sheet transaction at any time during the tax year?'' is a Dia any taxotic part of the organization tax and grows requires that are normally greater than \$100.000, and did the organization solicit any combined tax sheet transaction at any time during the tax year?'' is a Dia any taxotic bat may three during the tax year?'' is a Dia any taxotic bat exploration that any encel bate with a single part on the tax ord contributions or gifts were not tax deductible?''' or a prohibited tax sheet transaction a contributions or gifts were not tax deductible?''''''''''''''''''''''''''''''''''''	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Ite all and a constraints of all regarded feature alloy constraints of the all regarded feature alloy constraints on the co				_		Yes	No
b If at last one is reported on line 2a, did the organization file all registrat federal employment tax returns? 2a X 3a Did the organization have unrelated basiness gross income of \$1,000 or none during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country luch as a bank account, security and the financial account of the more authority over, a financial account is activity for 10th 3b, paper of foreign Sank and Financial Accounts (FBAN). 5a MX	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
ab 0000 the organization have unrelated business process income of \$1,000 or more during the year? 3a X bit 11*ept instal field a FOM B0000 the organization have an subset of nor Schedule 0 3b 3c chart any time during the calendar year, di the organization have an subset account, sequentities account, or other financial account in a forsign country (such as a bark account, sequentities account, or other financial accounts (FBAR), 5a 3c X bit 1*ept instanciation a petty to a prohibit tax as bark the argenization and the any time during the tax year? 5a X c 1*ext: bits a to sold the organization fine from 886 fr? 5c C 5c c 1*ext: bits a barb, differed tax deductible as charbale contributions? 5a X 6b c 1*ext: bits account, sequent tax as or as a party to a prohibit tax as afree that second tax any time during the sequent tax as or as party to a prohibit tax as afree that second tax and tax as charbale contributions? 5a X d 1*ext: d the organization include with very solicitation an express statement that such contributions or gifts were not tax deductibles and tax as charbale contributions? 7a X d 1*fore: finde area from 880 fr? C capanization set, ender any contribution of tax and party as as chirble tax sholes provided? 7a X d 1*fore: finde area from 880 fr? C capanization set, and party as as chirble ar		filed for the calendar year ending with or within the year covered by this return	2a	1			
b If Yes, 'that it lifed a form 800 T for this yaa? Yie's (in the all the organization have an interest in, or a signature or other authority over, a transitial account in a toreign country (such as a bank account, securities account, or other financial account)? 4a X b I' Yes,'' enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b I' Yes,'' enter the name of the foreign country (such as a bank account, or other financial account)? 5a 5a 5a Was the organization have annual prose nocipits that are on rise party to a prohibited tax sheller transaction at any time during the tax year? 5a X c I' Yes,'' other organization have annual prose nocipits that are on rise party to a prohibited tax sheller transaction? 5c 6 c Dod any taxable party notify the organization have annual prose nocipitation acceptes statement that such contributions or gifts were not tax descutible? 6a X 0 I' Yes,'' indicate the unitation exceptes statement that such contributions or gifts were not tax descutible? 7a X 0 I' Yes,'' indicate the number of forms 8282 filed during the year Zd Zd X 1 I' Yes,'' indicate the number of forms 8282 filed during the year? 7a X Yd Yd Yd Yd Yd <th>b</th> <th>If at least one is reported on line 2a, did the organization file all required federal employment tax return</th> <th>ıs?</th> <th></th> <th>2b</th> <th>Х</th> <th></th>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
43 At any time during the calendar year, did the organization have an interest in, or a signature or other submity over a financial account; where the name of the foreign country (MeXi Co). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b If Yes, " inter the name of the foreign country (MeXi Co). 5a X b If Yes," inter the name of the foreign country. 5a X c If Yes," into Eas or 5b, did the organization in the two parts. 5a X c If Yes," into Eas or 5b, did the organization in the two services provided in the year. 5a X c If Yes," indid the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 5a X d If Yes," idid the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles contributions or dire value of the goods and services provided? 7a X d If Yes," idid the organization network undide directed and partly for goods and services provided to the partly or year withos, directly or indirectly, to pay premiums on a personal benefit contract? 7a X d If Yes," indicate the number of Form S820? Hed during the year 7d X 7d X 7d	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
financial account in foreign county (such as a bank account, securities account, or other financial account)? 4 4 X b If Yes," reter the name of the foreign county (Mext 2CO) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 6b D dark stability of the organization that was or is a party to a prohibited tax shelter transaction? 6c B Does the organization the organization that was or is a party to a prohibited tax shelter transaction? 6c B Does the organization that was or is a party to a prohibited tax shelter transaction? 6c B Does the organization that was or is a party to a prohibited tax shelter transaction? 6c B Does the organization that was or is a party to a prohibited tax shelter transaction? 6c B Does the organization that was or is a party to a prohibited tax shelter transaction? 6c B 6c The account is a dark of the organization that was or is a party to a prohibited tax shelter transaction? 6c B Does the organization include with very solicitation and express statement that such contributions or gifts 6c Do the organization nelude with very solicitation and express statement that such contributions or gifts 7c Tax X 7 Organizations that may receive adouctible contributions or party for goods and services provided to the payor? 7a X 7b T Ves, ' did the organization nuclide with edups of table personal property for which it was required to the form 3822 field during the year 9c Did the organization account of the walke of the order of the valke of the	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		Зb		
b If "Yes," enter the name of the toreign country Mexizion See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). See Sae instructions for filing requirements for FINCEN Form 1886.77 See X D Dd any taxable party noity the organization file form 1886.77 See X See The organization have annual gross neepts that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductibles calmatable contributions? See 0 Thes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductibles contributions under section 717(c). See 0 Did the organization neithy the donor of the value of the goods or services provided? To 0 Did the organization neithy the donor of the value of the goods or services provided? To 0 Did the organization neithy may induce, or otherwise dispose of tangble personal property for which it was required to the form 10886.7 To 10 Types," did the organization neithy may induce, divide the year To 10 Did the organization neithy may funds, directly to pay premiums on a personal benefit contract? To 12 To To To 13 Shoresoring organization mexies a distrib	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
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16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.							
If "Yes," complete Form 4720, Schedule O.	16		incon	ne?	16		Х
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.							
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities				
If "Yes," complete Form 6069.					17		
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Form 990	(2022)
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Global Pediatric Alliance

<u>46-2277766</u> Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
-	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		on			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6				6		X
				<u> </u>		
74	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			14		- 23
U				7b		x
•	persons other than the governing body?			10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0-	Х	
	The governing body?			8a	X	
-	Each committee with authority to act on behalf of the governing body?			8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			•		v
200	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			¥.	
10-			1	40 -	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the	e form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "	Yes," describe				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (sectior	1501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest	policy, and	finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records				
	The Organization - 415-567-3698					
	P. O. Box 640046, San Francisco, CA 94164					
	5 12-13-22			Earm	990	(202

Part VII	Compensation of Officers,	Directors, T	Frustees, I	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contract	tors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		98	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		yolqr	t com	~	1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Stacey Ramirez	30.00		-		<u>×</u>	1 0				
Executive Director		1		x				83,734.	0.	6,552.
(2) Kate Kentfield-Kessner, RN, NNP	3.00									
Board Chair		X		Х				0.	0.	0.
(3) Teresa Ramirez-Montagut, MD, PhD	4.00									
Board Secretary		Х		X				0.	0.	0.
(4) Scott Cohen, MD, DTM	3.00									
Board Treasurer		Х		X				0.	0.	0.
(5) Stephen Kahn, MD	3.00									
Director		х						0.	0.	0.
(6) Christina Buysse, MD	3.00									
Director		х						0.	0.	0.
			<u> </u>							
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		1								
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Form 990 (2022)

Form 990 (2022)														
Part VII Secti	on A. Officers, Directors, Trus	tees, Key Emp (B)	oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) upperson the set of the set o			than c s both r/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	s	am com fr orga	(F) timate ount o other pensat om the anizati d relate	of tion e on
		organizations below line)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
1b Subtotal									83,734.		0.		5,55	52.
c Total from d Total (add 2 Total numb	continuation sheets to Part VI	I, Section A			· · · · · · · ·				0. 83,734.	000 of reportable	0.	0. 6,552. 0		
	anization list any former officer,	, director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on			Yes	No
4 For any indi	Yes, " complete Schedule J for s ividual listed on line 1a, is the su	um of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from t	he organization		3		X
5 Did any per	organizations greater than \$150 son listed on line 1a receive or a the organization? <i>If</i> "Yes." <i>con</i>	accrue compen	Isatio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		4 5		X X
Section B. Indep	pendent Contractors													
	his table for your five highest co ation. Report compensation for (A)										ensat			
									C	(C) Compensation				
	er of independent contractors (i f compensation from the organi	•	ot lin	nited	l to t	thos C		ted	above) who received mo	ore than			000	
												Form	990 (2	2022)

232008 12-13-22

	n 990 (tric Allia	ance		46-2277	766 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	e or note to any line I	<u>e in this Part VIII</u> (A)	(B)	(C)	
				Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
ູດູດ	1 a	Federated campaigns 1a					30010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S, G	с	Fundraising events 1c					
Gift: Iar /	d	Related organizations 1d					
ns, (Simi	е	Government grants (contributions) 1e	17,567.				
utio Ier S	f	All other contributions, gifts, grants, and similar amounts not included above 1f	412,409.				
oth	a	similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	412,400.				
Con and	9 h	Total. Add lines 1a-1f		429,976.			
			Business Code				
e	2 a						
Program Service Revenue	b						
n Sc rent	c		-				
grar Rev	d						
Pro	e f	All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte					
		other similar amounts)					
	4	Income from investment of tax-exempt bond	·				
	5	Royalties	(ii) Personal				
	6 0		(II) Personal				
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
e	b	Less: cost or other basis and sales expenses					
venue	c	Gain or (loss)					
		Net gain or (loss)					
Other Re		Gross income from fundraising events (not					
oti		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8 Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9	a				
		Less: direct expenses9	b				
	10 a	Gross sales of inventory, less returns					
	h	and allowances 10 Less: cost of goods sold 11					
		Net income or (loss) from sales of inventory					
			Business Code				
suo: e	11 a						
cellaneo evenue	b						
Miscellaneous Revenue							
Mi		All other revenue					
	<u>е</u> 12	Total revenue. See instructions		429,976.	0.	0.	0.
23200	9 12-13-			•			Form 990 (2022)

Global Pediatric Alliance Part IX Statement of Functional Expenses

D-	Check if Schedule O contains a response	(A)	(B)	(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	6,971.	6,971.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	83,734.	64,919.	6,272.	12,543
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,575.	1,221.	118.	236
9	Other employee benefits	5,285.	4,073.	404.	808
10	Payroll taxes	6,840.	5,303.	512.	1,025
11	Fees for services (nonemployees):				
а	Management				
b		1,555.		1,555.	
с		9,470.	7,010.	820.	1,640
d					-
е					
f	Investment management fees				
g					
3	column (A), amount, list line 11g expenses on Sch O.)	91,899.	90,197.	1,702.	
12	Advertising and promotion				
13	Office expenses	6,900.	2,275.	1,172.	3,453
.e 14	Information technology	2,104.	901.	1,149.	54
15	Royalties				
16	Occupancy	4,887.	4,347.	180.	360
17	Traval	2.	- /	2.	
18	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	4,241.	4,241.		
	. Г	5,494.	4,241.	334.	334
23	Other expenses. Itemize expenses not covered	5,494.	=,020.	5540	554
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
2	Workshops and meetings	69,309.	69,309.		
a b	Workshop travel	32,767.	32,767.		
с С	Special event expenses	4,859.	52,7074		4,859
-	Project supplies	4,125.	4,125.		±,009
d		3,506.	2,116.	435.	955
	All other expenses	345,523.	304,601.	14,655.	26,267
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	J#J,J4J.	JU4,001.	,UJJ•	20,207
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here fif following SOP 98-2 (ASC 958-720)				

232010 12-13-22

21340502 148002 07100.00

2022.03040 GLOBAL PEDIATRIC ALLIANCE 07100.01

Form 990 (2022)

21340502 148002 07100.00

		trustee, key employee, creator or founder, subst	tributor, or 35%				
		controlled entity or family member of any of thes	e persons	s		5	
	6	Loans and other receivables from other disqualif	ied perso	ns (as defined			
		under section 4958(f)(1)), and persons described	in sectio	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges			9		
	10a	Land buildings and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	29,684.			
	b	basis. Complete Part VI of Schedule D	10b	15,490.	18,435.	10c	14,194.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			880.	15	880.
	16	Total assets. Add lines 1 through 15 (must equa	290,640.	16	357,526.		
	17	Accounts payable and accrued expenses		38.	17	38.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form	director,				
Liabilities		trustee, key employee, creator or founder, subst					
abi		controlled entity or family member of any of thes	s		22		
	23	Secured mortgages and notes payable to unrela	ted third p	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third par	ties	17,567.	24	
	25	Other liabilities (including federal income tax, page	ables to	related third			
		parties, and other liabilities not included on lines	17-24). C	omplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			17,605.	26	38.
~		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
or Fund Balances	27	Net assets without donor restrictions			273,035.	27	357,488.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 95	58, check	here			
гF		and complete lines 29 through 33.					
S 0	29	Capital stock or trust principal, or current funds			29		
sel	30	Paid-in or capital surplus, or land, building, or eq			30		
Net Assets	31	Retained earnings, endowment, accumulated inc			31		
Nei	32	Total net assets or fund balances		273,035.	32	357,488.	
	33	Total lighilities and net assets/fund balances		290 640.	33	357 526.	

Global Pediatric Alliance

Check if Schedule O contains a response or note to any line in this Part X

1 Cash - non-interest-bearing

2 Savings and temporary cash investments

3 Pledges and grants receivable, net

Loans and other receivables from any current or former officer, director,

Accounts receivable, net

(B) End of year

342,452.

Form 990 (2022)

(A) Beginning of year

271,325.

1

2

3

4

Form 990 (
Part X	Ba	lance	Sheet

4

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VII, column (A), line 12) 2 345, 523. 2 Total expenses (must equal Part IX, column (A), line 25) 2 345, 523. 3 Revenue less expenses. Subtract line 2 from line 1 3 844, 453. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 273, 035. 5 Net unrealized gains (losses) on investments 6 - - 6 7 - - - - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 2a X 1 Accounting method used to prepare the Form 990: Cash		990 (2022) Global Pediatric Alliance	46-	-2277766	Pa	_{ge} 12			
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4 29,976. 2 Total expenses (must equal Part IX, column (A), line 25) 2 345,523. 3 Revenue less expenses. Subtract line 2 from line 1 4 2773,035. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2773,035. 5 Net unrealized gains (losses) on investments 6 6 7 7 7 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 1 Accounting (B) 0 357,488. Check if Schedule O contains a response or note to any line in this Part XII Yes 9 Check if Schedule O contains a response or note to any line in this Part XII 1 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If the organization sinancial statements compiled or reviewed by an independent accountant? 2a X 2a X </th <th>Pa</th> <th>rt XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th></th>	Pa	rt XI Reconciliation of Net Assets							
2 Total expenses (must equal Part IX, column (A), line 25) 2 345, 523. 3 Revenue less expenses. Subtract line 2 from line 1 3 844, 453. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 273, 035. 5 Net unrealized gains (losses) on investments 6 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 357, 488. PartXII Financial Statements and Reporting 10 357, 488. 10 357, 488. PartXII Financial Statements and Reporting 10 357, 488. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yes, 'ncheck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 2a X 1 F'Yes, 'ncheck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X <		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
2 Total expenses (must equal Part IX, column (A), line 25) 2 345, 523. 3 Revenue less expenses. Subtract line 2 from line 1 3 844, 453. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 273, 035. 5 Net unrealized gains (losses) on investments 6 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 357, 488. PartXII Financial Statements and Reporting 10 357, 488. 10 357, 488. PartXII Financial Statements and Reporting 10 357, 488. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yes, 'ncheck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 2a X 1 F'Yes, 'ncheck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X <									
3 Revenue less expenses. Subtract line 2 from line 1 3 84,453. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 273,035. 5 Net unrealized gains (losses) on investments 5 6 6 7 6 7 8 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 357,488. Part XII Financial Statements and Reporting 10 357,488. Check if Schedule O contains a response or note to any line in this Part XII 1 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	1		1						
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5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 357 , 488. Part XII Financial Statements and Reporting 10 357 , 488. Check if Schedule O contains a response or note to any line in this Part XII 10 357 , 488. Part XII Financial Statements and Reporting 10 22 a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 2 X If the organization's financial statements compiled or reviewed by an independent accountant? 2 X 2 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 5 5 X 1 Gensolidated basis Both consolidated and separate basis, consolidated basis, or both: 2 X 2 <td< th=""><td>3</td><td>-</td><td></td><td></td><td></td><td></td></td<>	3	-							
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7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 357, 488. Part XII Financial Statements and Reporting 10 357, 488. Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	5		5						
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 357, 488. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis. or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 	6	Donated services and use of facilities	6						
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 357, 488. Part XII Financial Statements and Reporting 10 357, 488. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	7	Investment expenses	7						
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 357, 488. Part XII Financial Statements and Reporting	8	Prior period adjustments	8						
column (B) 10 357,488. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct to the construction of the constructi		Check if Schedule O contains a response or note to any line in this Part XII							
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2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 2a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis consolidated basis fi the organization changed either its oversight process or selection p	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:									
consolidated basis, or both:	b			2b		X			
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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 		consolidated basis, or both:							
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	С								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		review, or compilation of its financial statements and selection of an independent accountant?		2c					
		If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
		· · · · · · · · · · · · · · · · · · ·				<u> </u>			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b								
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	e of t	he organization						Employer	identification number		
		Glob	al Pediatr:	ic Alliance				4	6-2277766		
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.			
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or		
		university:									
10		An organization that norma									
		activities related to its exem									
		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). (Cor									
11		An organization organized a	-	•	•						
12		An organization organized a		•				-			
		more publicly supported or							Check the box on		
		lines 12a through 12d that	• •					-			
а		Type I. A supporting orga		-	• • • •	-					
		the supported organization			majority c	of the direc	tors or trustee	es of the su	upporting		
_	_	organization. You must o									
b		Type II. A supporting org	-				-		•		
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus									
С		J Type III functionally inte						ly integrate	ed with,		
		its supported organization		-							
d		J Type III non-functionally						-			
		that is not functionally int	0	c			•	an attentiv	/eness		
-		requirement (see instructi									
е		Check this box if the orga functionally integrated, or					турет, туре	п, туре ш			
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.					
q		vide the following information	•	d organization(s)							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	fmonetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
_											
Tota											

Part II

Global Pediatric Alliance

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	287,745.	343,805.	337,604.	333,237.	429,976.	1732367.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge	207 745	242 005	227 604	222 227	420 076	1720267
4	Total. Add lines 1 through 3	287,745.	343,805.	337,604.	333,237.	429,976.	1732367.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						848,023.
6	Public support. Subtract line 5 from line 4.						884,344.
	ction B. Total Support	·			ł		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	287,745.	343,805.	337,604.	333,237.	429,976.	1732367.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1920269
	Total support. Add lines 7 through 10						1732367.
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for th	-		-			
Se	organization, check this box and stor ction C. Computation of Publi						<u></u>
	Public support percentage for 2022 (I		-	olumn (f))		14	51.05 %
	Public support percentage for 2022 (i Public support percentage from 2021					15	50.91 %
	33 1/3% support test - 2022. If the o	,	<i>′</i> · · · · · · · · · · · · · · · · · · ·	line 13 and line 1			
100	stop here. The organization gualifies	•					V
ł	33 1/3% support test - 2021. If the d		0				
	and stop here. The organization qual	-				,,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-			5	
k	0 10% -facts-and-circumstances test	•		,	•		
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u></u>
						Schedule A	(Form 990) 2022

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Schedule A	(Form 990)	2022	Global	Pediatric	Alliance	
Part III	Support	Schedule	for Organizat	tions Described	d in Section 509(a)(2)

Global Pediatric Alliance

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			7	-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) organ	ization,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	centage			, ,	
15	Public support percentage for 2022 (ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage			, , ,	
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	a 33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in:		
2320	23 12-09-22		. –			Sched	ule A (Form 990) 2022
			15)			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

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.)

Global Pediatric Alliance

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified 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? If "Yes." provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.

16

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Yes

No

9b 9c 10a 10b

(Form 990) 2022	Global	Pediatric	Alliance	
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Schedule /

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			

	organization's governing documents in effect on the date of notification, to the extent not previously provided?
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
	the organization maintained a close and continuous working relationship with the supported organization(s).
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a

3	By reason of the relationship described on line 2, above, did the organization's supported organizations have
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instructions)

a The organization satisfied the Activities Test. Complete line 2 below.

b	🔄 Th	e organization	is the parent	of each of it	s supported	organizations.	Complete line 3	below.
---	------	----------------	---------------	---------------	-------------	----------------	-----------------	--------

c [The organization	supported a governme	ntal entity. Describe i	n Part VI how you su	upported a governmen	tal entity (see instruction <u>s).</u>
------------	------------------	----------------------	-------------------------	----------------------	----------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | | Schedule A (Form 990) 2022

2

3

2a

2b

3a

Yes No

21340502 148002 07100.00

2022.03040 GLOBAL PEDIATRIC ALLIANCE 07100.01

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction						
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	on 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see		

Global Pediatric Alliance

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 Global Pediatric Alliance Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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1	if the special terror is an end of the species of t	allo ouppor and orde		uea)	
Secti	on D - Distributions		· ·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	° i		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
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.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

12-09-22

Schedule A	(Form 990) 2022	Global 1	Pediatric	Alliance		46-2277766 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provid , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanations c, 5a, 6, 9a, 9b, 9c, rt IV, Section E, lin	s required by Part II, I , 11a, 11b, and 11c; I es 1c, 2a, 2b, 3a, and	3 3b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
232028 12-09-2	2			2.0		Schedule A (Form 990) 2022

		.		• • • •		
SCHEDULE D		Supplementa				OMB No. 1545-0047
(Form 990) Complete if the organ Part IV, line 6, 7, 8, 9, 10,			, 11a, 11b, 11c, 11d			
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions ar	nd the latest informatio	n.	Open to Public Inspection
Nam	e of the organizatio				Emp	loyer identification number
Pa	t I Organizat	Global Pediatric A tions Maintaining Donor Advise		er Similar Funds or		<u>46-2277766</u>
		answered "Yes" on Form 990, Part IV, lin			/1000411	
			(a) Donor ac	lvised funds	(b) Fun	ds and other accounts
1	Total number at end	d of year				
2		contributions to (during year)				
3	Aggregate value of	grants from (during year)				
4	Aggregate value at	end of year				
5	-	n inform all donors and donor advisors in v	-			
		's property, subject to the organization's				Yes No
6	0	n inform all grantees, donors, and donor a	Ũ	0	,	
		eses and not for the benefit of the donor o			nferring	
Pa	impermissible privat	te benefit? tion Easements. Complete if the org	apization answord		+ IV lino 7	Yes No
1		ervation easements held by the organization			tiv, inte 7.	
•		of land for public use (for example, recrea			historically	important land area
		natural habitat		Preservation of a	,	•
		of open space				
2		hrough 2d if the organization held a qualif	ied conservation cor	ntribution in the form of a	a conservat	ion easement on the last
	day of the tax year.	с с .				Held at the End of the Tax Year
а	Total number of cor	nservation easements			2a	
b	Total acreage restrie					
с	Number of conserva	ation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conserva	ation easements included in (c) acquired a	• • •			
3	Number of conserva	ation easements modified, transferred, rel	eased, extinguished,	or terminated by the or	ganization	during the tax
	year	 .				
4		here property subject to conservation eas				
5	-	on have a written policy regarding the per				Yes No
6		rcement of the conservation easements it hours devoted to monitoring, inspecting,		s and enforcing conserv		
0	Stall and Volunteer	nours devoted to monitoring, inspecting,	nandling of violation	s, and entorcing conserv	allon ease	ments during the year
7	Amount of expense	 s incurred in monitoring, inspecting, hanc	lling of violations. an	d enforcing conservatior	n easement	s during the vear
	·		0	0		0 ,
8	Does each conserva	ation easement reported on line 2(d) abov	e satisfy the requirer	nents of section 170(h)(4	4)(B)(i)	
	and section 170(h)(4	4)(B)(ii)?				Yes No
9	In Part XIII, describe	e how the organization reports conservation	on easements in its r	evenue and expense sta	tement and	b
	balance sheet, and	include, if applicable, the text of the footr	note to the organizati	on's financial statements	s that desc	ribes the
Der		unting for conservation easements. tions Maintaining Collections of	Art Listoriaal	Tracauras ar Otha	r Cimila	Acceto
Pa		•	•	reasures, or Othe	er Similai	Assels.
		the organization answered "Yes" on Form				a ata.l.a
та	•	elected, as permitted under FASB ASC 95	•			
		asures, or other similar assets held for put Part XIII the text of the footnote to its finar			erance of p	
b	· •	elected, as permitted under FASB ASC 95			ance sheet	works of
5		· •	•			
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public servic provide the following amounts relating to these items:						
	•	ed on Form 990, Part VIII, line 1			:	\$
						\$
2	.,	eceived or held works of art, historical tre				
	the following amour	nts required to be reported under FASB A	SC 958 relating to th	iese items:		
а	Revenue included o	on Form 990, Part VIII, line 1				\$

a Revenue included on Form 990, Part VIII, line 1	
h Assats included in Form 000 Part V	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

26

2022.03040 GLOBAL PEDIATRIC ALLIANCE 07100.01

\$

Sche	dule D (Form 990) 2022 Global 1	<u>Pediatric</u>	A11i	ance				46-22	7776	6 р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	^r Other	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following that	make sig	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	change progra	ım					
b	Scholarly research	e	,	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, hi	istorical trea	sures, or othe	r similar	assets		_		_
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par	•	ete if the	e organizatio	on answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia								-	_	_
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T Or	Ending balance						1f				
	Did the organization include an amount on Fo						ty?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in						<u></u>				
		(a) Current year		Prior year	(c) Two year			/ears back	(e) Fou	r vears	hack
10	Peginning of year balance	(u) ourient you	(6)	nor your		o buok	(u) 11100 j	ouro buon	(0) 1 00	youro	buok
1a b	Beginning of year balance Contributions										
0	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	and programs Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	a column (a)) held as:						
- a	Board designated or quasi-endowment	•	%	g, column (a							
b	Permanent endowment	%									
c		/0 %									
· ·	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-									
3a	Are there endowment funds not in the posses	•	ation the	at are held a	nd administer	ed for the	e				
	organization by:						-			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	"Yes" on Form 990), Part IV	V, line 11a. S	See Form 990,	, Part X, I	line 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Ad	ccumulate	ed	(d) Boo	k valu	ie
		basis (investr	ment)		(other)		preciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			2	29,684.		15,4	90.			94.
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colur	mn (B), line 1	0c.)				1	4,1	94.
								Schedule	D (For	n 990	1 2022

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	atric Alliance	9	46-2277766 Page 3
Part VII Investments - Other Securities.	En En Doo Dat N/ Kasa		
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (P)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	1		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X Other Liabilities.	//		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statemen	ts that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

232053 09-01-22

Sche	edule D (Form 990) 2022 Global Pediatric Allian	ce	46-2277766 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18	8.)	5
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

Department of the Treasury	0.1		Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organization	GO to _N	/ww.irs.gov/Form	990 for instructions and the latest	nformation.	Employer	Inspection identification number
0						
Global Pediat	ric Allian	ce			46-22	77766
	art IV, line 14b.	activities Out	side the United States. Compl	ete if the organ	ization answ	ered "Yes" on
		n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,	
the grantees' eligibi	lity for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	X Yes No
2 For grantmakers. I United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistand	ce outside the
			n be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service e specific typ (s) in the reg	e expenditures for and investments
Central America and						
the Caribbean -				Guanta ta 6		1
Antigua & Barbuda, Aruba, Bahamas,	0	0	Program services - See supplemental section	Grants to S Organizatio		4,234.
,				Grants & Mi Community H	dwife and Nealth	,
Newige	1	0	Program services - See	Promoter Tr	raining	210 046
Mexico	1	U	supplemental section	Program		210,946.
3 a Subtotal	1	0				215,180.
b Total from continua sheets to Part I		0				0.
c Totals (add lines 3a and 3b)	۱ 1	0				215,180.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

21340502 148002 07100.00

SCHEDULE F (Form 990)

Schedule F (Form 990) 2022

Global Pediatric Alliance

46-2277766

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the t			<u>I</u>		<u> </u>
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	>		

Schedule F (Form 990) 2022

232072 10-17-22

Global Pediatric Alliance 46-2277766 Schedule F (Form 990) 2022 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of (f) Amount of (c) Number of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2022

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign <i>Corporation</i> (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

The Executive Director is responsible for assessing the organizations and providing due diligence prior to funding to ensure they have met the required criteria and are able to manage the grant funds and implement their projects successfully. The Executive Director is in periodic communication with the organizations via email and telephone. Once proposals are submitted, the Executive Director and Board of Directors review the proposals and make the final decision regarding funding. The grantees sign a contract formalizing the grant and adhering to the conditions governing the grant. Grant funds are distributed usually on a 40%/40%/20% , or 80%/20% basis with the second grant disbursement sent after the grantee has submitted a narrative and financial progress report describing progress made toward the stated program goals. The final disbursement is made after the project has been completed and a narrative and financial report has been submitted by the grantee (including copies of expense receipts) and approved by the Executive Director.

Part I, Line 3

Global Pediatric Alliance works to reduce preventable maternal and
child deaths and improve the quality of life for women and children in
Latin America through empowering grassroots communities. We do this by
training health promoters and traditional midwives and providing
financial support to small organizations and community groups in rural
areas. Trainings include workshops in pediatric medicine, emergency
care, and reproductive health. Many of the areas where we work lack
access to any other type of health or financial resources. An
underlying goal of all our program work is to build self-sufficiency
232075 10-17-22 Schedule F (Form 990) 2022 34
21340502 148002 07100.00 2022.03040 GLOBAL PEDIATRIC ALLIANCE 07100.01

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

among local health care staff and members of the communities

themselves.

Schedule F (Form 990) 2022

232075 10-17-22

SCHEDULE O (Form 990)



Employer identification number 46 - 2277766

Form 990, Part VI, Section B, line 11b:

The Board of Directors shall receive a copy of the IRS Form 990 and shall

review and approve the IRS Form 990 annual tax filing prior to submission.

The Executive Director shall sign and certify that the IRS Form 990 is

Global Pediatric Alliance

accurate and complete.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is distributed annually to all directors and officers. Each director and officer must sign a statement that affirms that he or she has received a copy of the policy; has read and understood the policy and agrees to comply with the policy. The directors and officers are required to file annually a statement with the Board of Directors which discloses interests which could give rise to conflicts that could result in inurement, impermissible private benefit or excess benefit.

Form 990, Part VI, Section B, Line 15:

GPA's policy is to perform a comprehensive review of comparable salaries

and benefits prior to the hiring of the executive director and any other

key employee. Any change in compensation is also part of a comprehensive

review. No unusual changes were made in personnel in 2022.

Form 990, Part VI, Section C, Line 19:

Governing documents, conflict of interest policy and financial statements

are available upon request at the Organization's headquarters offices.

Form 990, Part IX, Line 11g, Other Fees:LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.232211 10-28-22

Schedule O (Form 990) 2022 Name of the organization Global Pediatric Alliance	Employer identification numb 46-2277766
Other program consultants:	
Program service expenses	45,758.
fanagement and general expenses	0.
Fundraising expenses	0.
otal expenses	45,758.
Fraining program consultants:	
Program service expenses	30,938.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	30,938.
fidwife trainer:	
Program service expenses	7,939.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	7,939.
Indigenous language translator:	
Program service expenses	3,579.
Management and general expenses	0.
Tundraising expenses	0.
otal expenses	3,579.
Evaluation:	
Program service expenses	1,983.
Management and general expenses	0.
Fundraising expenses	0 . Schedule O (Form 990) 20

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
Global Pediatric Alliance	46-2277766
Total expenses	1,983.
Dutside consulting:	
Program service expenses	0.
Management and general expenses	1,702.
Fundraising expenses	0.
Fotal expenses	1,702.
Fotal Other Fees on Form 990, Part IX, line 11g, Col A	91,899.

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