990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or th	e 2020 ca	alendar year, or tax year beginni	ng 01-01-2020 , and ending 12-31-20	20			
B Che	eck if a	applicable: change	C Name of organization GLOBAL SUSTAINABLE TOURISM CO	UNCIL		D Emplo	yer identi	fication number
		hange				46-1	050633	
	itial re	eturn	Doing business as GSTC					
retu	nal rn/term					E Teleph	one number	
l.		ed return ion pending	DO DOV 00503 E1007	nail is not delivered to street address) Room/s	uite	(415)	378-35	72
		F		ntry, and ZIP or foreign postal code		(127)		<u>- </u>
			WASHINGTON, DC 20090	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		G Gross	receipts \$ 58	34,231
			F Name and address of princi	pal officer:	H(a) I	s this a group	return for	
			RANDALL DURBAND 2834 E GELNN ST			subordinates? Are all subordi	natos	Yes 🔽 No
			TUCSON, A Z 85716			ncluded?	ilates	Yes No
I Ta	ax-exe	mpt status	: 🔽 501(c)(3)	insert no.) 4947(a)(1) or 527	I	f "No," attach	a list. (se	e instructions)
J W	ebsi	te: 🕨 ww	vw.gstcouncil.org		H(c) (Group exemption	on number	•
					1 //	. f 2010	M Chaha	-6 la mal de matatle :
K For	m of c	organizatior	n: Corporation Trust Associa	tion Other	L Year of	f formation: 2010	DC DC	of legal domicile:
Р	art I	Sun	nmary		1			
	1	Briefly de	escribe the organization's mission	on or most significant activities:				
			•	e tourism through a common language				
9			and creation of universal princip les to Airlines to Tours Operator	oles for sustainable tourism through a : rs to Destinations	set of crite	eria for all sect	ors of the	Tourism industry
Activities & Governance			Tes to All lines to Todio operator	s to bestinations.				
E E								
NO.		Chaal, t	his have No if the averagination	discontinued its operations or disposed	1 26 2222	+h 250/ -f :+		
×	3			ning body (Part VI, line 1a)			s net asse	15
es				of the governing body (Part VI, line 1b)			4	15
ġ				calendar year 2020 (Part V, line 2a)			5	1 1
EG.				necessary)			6	0
Q.			•	Part VIII, column (C), line 12			7a	0
				from Form 990-T, line 39			7b	0
	-	Net unit	siated business taxable income i	110111 1 01111 990-1, lille 39	· · ·	Prior Year	75	Current Year
		Contribu	utions and grants (Part VIII, line :	16)		120	911	186,999
Revenue								
Ne		_	n service revenue (Part VIII, line :	2g)		380	509	395,714
ď			evenue (Part VIII, column (A), lin	,,		Ι,	, 309	1,518
				must equal Part VIII, column (A), line 1	2)	503	207	584,231
				(, column (A), lines 1–3)	2)			0
			paid to or for members (Part IX,					0
60				benefits (Part IX, column (A), lines 5-	-10)	64	320	67,508
Exp enses				olumn (A), line 11e)		04	,320	07,300
9			draising expenses (Part IX, column (D)	* **				<u> </u>
ă				nes 11a-11d, 11f-24e)		419	077	438,281
				equal Part IX, column (A), line 25)		483		505,789
				8 from line 12			810	78,442
or ses		- revenue	2 rest expenses reastract mile 1		Be	ginning of Curre		End of Year
Net Assets or Fund Balances						Year		
Ass			ssets (Part X, line 16)			297		376,250
E S	9		ibilities (Part X, line 26)				500	3,500
			ets or fund balances. Subtract li	ne 21 from line 20		294	,308	372,750
	art II		nature Block	and the second s		- 4 4		
				camined this return, including accompa mplete. Declaration of preparer (other				
prep	arer l	has any k	nowledge.	· · · · · ·				
		Signat	ture of officer			2021-05-03 Date		
Sigi		PAND	ALL DURBAND CEO					
Her	е	_	or print name and title					
		<u> </u>			-	1	I nerve	
			Print/Type preparer's name	Preparer's signature	Date 2021-10-05	Check 🔽 if	PTIN P00783861	L
Pai		 	Firm's name MATHEW V 1011N COA			self-employed		
	par	er	Firm's name 🌓 MATHEW V JOHN CPA	·		Firm's EIN		
Use	e Or	ıly 🗔	Firm's address 295 Madison Ave			Phone no. (212	983-0890	
			New York, NY 10017					
May	the I	RS discus	ss this return with the preparer :	shown above? (see instructions) .			[✓ Yes No
,	-		- F - F - F - F - F - F - F - F - F - F				I.	-

Pa	t III Statemen	t of Program Servic	e Accomplishments		<u> </u>
	Check if Sch	edule O contains a respor	nse or note to any line in this	s Part III	🔽
1	Briefly describe the	organization's mission:			
creat		ciples for sustainable tour		and one of its key objective is to f for all sectors of the Tourism indus	
2	the prior Form 990	, ,		e year which were not listed on	☐ Yes 🔽 No
3	services?		ake significant changes in ho	w it conducts, any program	Yes V No
	If "Yes," describe the	nese changes on Schedul	e O.		
4	expenses. Section 5	501(c)(3) and 501(c)(4) o	•	its three largest program services report the amount of grants and a i.	•
4a	(Code:) (Expenses \$	86,684 including grants	of \$ 0) (Revenue \$	90,025)
				ndards and/or processes of Certificaiton Boostandards for sustainable tourism comply	
4b	(Code:) (Expenses \$	13,816 including grants	of \$ 0) (Revenue \$	37,562)
-10	at the national, provin	ccreditation Body, GSTC places icial or state level, plus destina e provide assessments of curre	marks for certifying bodies that certion managers at the municipal leve	tify touristic destinations as sustainable. Ac el, which are always public sector, GSTC of for future action. For capacity-building we	fers planning and capacity-building
4c	(Code:) (Expenses \$	169,791 including grants	of \$ 0) (Revenue \$	236,442)
40	Education and Training		ng classes plus various forms of mul	it-day on-site training classes for all player	, ,
—	(Code:) (Expenses \$	92,269 including grants	of \$ 0) (Revenue \$	31,685)
	GSTC provides advisor		iies and practices to governments t	hroughout the world, at national levels suc	
	Other programs	myiana (Dagariba in C-b-	dula O)		
4d	other program se	rvices (Describe in Scheo	uule (J.)		
Tu	(Expenses \$	92,269 incli	uding grants of \$	0) (Revenue \$	31,685)

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Form **990** (2020)

Form 990 (2020)

Dor	art IV Checklist of Required Schedules			
Par	art 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	Yes	
2		2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition t candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>			Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	(h) 4		Νo
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership d assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, P			No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors having to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," co Schedule D,</i> Part I			Νο
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			Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Y complete Schedule D, Part III	'es," 8		Νo
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 negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	debt		Νo
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endow permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	vments, 10		Νo
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI VIII, IX, or X as applicable.	, VII,		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Νo
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or mo its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Νo
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or mo its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total ass reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
		11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete School Bullings Partate, independent audited financial statements for the tax year? If "Yes," c	11f		No
	Schedule D, Parts XI and XII	12a		Νo
	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 option Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	nal 12b		Νo
		13		Νo
	a Did the organization maintain an office, employees, or agents outside of the United States?			Νo
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrousiness, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to any foreign organization? If "Yes," complete Schedule F, Parts II and IV	o or for 15		Νo
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Νo
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)			Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νo
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a ⁻¹ "Yes," complete Schedule G, Part III	? If 19		Νo
20a	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
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 of domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	or 21		Νo

Pai	Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	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		No		
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		Νo		
26	Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26		No		
27	Bid fee Grander នៃក្រុម នៅ 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		Νo		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV					
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Νo		
С	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		Νo		
31	មីដើ ^y ffse" ស្នាក្នាខ្មែរ ទីក្រាពីប្រចែង e, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33		Νo		
34	ฟีลรัฐก็ Grandlete Schedulated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
b	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Νo		
37	7 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					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes			
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🔽		
			Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			

	,			
Pa	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, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		Νo
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account the name of the foreign country: ▶			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o N o
		5b		140
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a 		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	-		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
		1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νo
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
16	If the sort grave is a storm cation est war action that Formshit 407200, Such jeed to leave the section 4968 excise tax on net investment income?	16		
		1		1

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax 15 Yeare 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was Νo Blatthe organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Yes **b** Each committee with authority to act on behalf of the governing body? 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Νo organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code,) 10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Νo c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c 13 Nο Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Νo 15b **b** Other officers or key employees of the organization Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website 🔽 Upon request 🗆 Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

▶ RANDALL DURBAND 2834 E GLENN ST TUCSON, A Z 85716 (415) 378-3572

Part VII

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Pos more pers and Individual trustae or director	ition than on is	(C) (do one bot	not bo har or/t	chec	k ess	(D) Reportable	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LUIGI CABRINI DIRECTOR		Х						0	0	0
(2) RANDALL DURBAND CEO	80.00	х		х				0	60,000	0
							_			

	(A) Name and title	Average hours per more than one box, unless week (list person is both an officer any hours for and a director/trustee) Average hours for more than one box, unless compensation compensation from the from respective organization (W-organization) (W-organization) (W-organization)							S	ited f other sation the			
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC	(W-2/1099- MISC)		organization related organizatio	
c ·	Sub-Total						*			50.0	00		
2	Total (add lines 1b and 1c) Total number of individuals (included)			i nose	liste	d al	pove)	who	received more the	60,0 nan	00		
	\$100,000 of reportable compensat	ion from the or	ganizati	on 🕨	•							w	
3	Did the organization list any forme						nploye	e, o	or highest compe	nsated employee		Yes	No
4	on line 1a? If "Yes," complete Scheo						· ·		ther compensati	on from the	3		No
-	organization and related organizat										4		Νο
5	Did any person listed on line 1a rea		 compen	• satio	• on fro	• om	• • anv ur	• nrela	• • • • • ated organization	or individual for			110
	services rendered to the organizat	ion? <i>If "Yes," con</i>									5		No
	ection B. Independent Contr Complete this table for your five h	ighest compens											
	compensation from the organizatio	(A)		for t	the c	cale	ndar y	ear		(B)	ion's	(C)
	Name	and business addre	ess						De	scription of services		Compen	sation
_													
											\longrightarrow		
	Total number of independent contrac \$100,000 of compensation from the		out not	limite	ed to	th:	ose lis	ted	above) who rece	ived more than			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form 990 (2020) Page **9** Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or (D) Revenue excluded from Total revenue exempt business function revenue tax under sections 512 - 514 revenue 1a Federated campaigns . 1a Contributions, Gifts, Grants and Other Similar Amounts 170,915 **b** Membership dues . . 1b ${f c}$ Fundraising events . . **1**c d Related organizations 1d $\textbf{e} \ \ \text{Government grants (contributions)}$ 1e f All other contributions, gifts, grants, and similar amounts not included 16,084 above Noncash contributions included in lines 1a - 1f:\$ **1**g h Total. Add lines 1a-1f . 186,999 Business Code Program Service Revenue 395,714 $\boldsymbol{f}\,$ All other program service revenue. **9 Total.** Add lines 2a-2f. . . . 3 Investment income (including dividends, interest, and 1,518 49 Inclare from the estment of tax-exempt bond proceeds 5 Royalties . . (i) Real (ii) Personal **6a** Gross rents **b** Less: rental 6b expenses **c** Rental income or $\mathbf{d}\,^{\text{(loss)}}\text{ental income or (loss)}$. (ii) Other► (i) Securities 7a Gross amount from sales of assets other than inventory Less: cost or b 7b other basis and sales expenses c Gain or (loss) \boldsymbol{d} Net gain or (loss) 8a Gross income from fundraising events contributions reported on line 1c).
See Part IV Other Revenue See Part IV, line 18 . . 8a 8b **b** Less: direct expenses ${f c}$ Net income or (loss) from fundraising events . **9a** Gross income from gaming activities. See Part IV, line 19 . . **b** Less: direct expenses 9b ${f c}$ Net income or (loss) from gaming activities . **10a** Gross sales of inventory, less returns and allowances . . 10a **b** Less: cost of goods sold 10b ${f c}$ Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions

Part IX	Statement of	Functional	Expense

For	m 990 (2020)				Page 10
P	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must				
Do	Check if Schedule O contains a response or note to not include amounts reported on lines 6b,	any line in this Pari (A)	(B)	(C)	(D)
	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.				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	60,000	0	60,000	0
	Other salaries and wages				
9	Other employee benefits	1	1	Ī	
	Payroll taxes	7,508	0	7,508	0
11	Fees for services (non-employees):				
ā	Management	385,391	357,791	27,600	0
ŀ	Legal				
•	Accounting				
•	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	18,708	0	18,708	0
14	Information technology				
15	Royalties				
16	Occupancy				
	Travel	1,490	0	1,490	0
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings				
	Interest				
	Depreciation, depletion, and amortization	2,700	0	2,700	0
	Insurance	2,7.55	-		
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a BANK & MERCHANT FEES	11,022	3,812	7,210	0
	b DUES AND SUBSCRITPIONS	614	614	0	0
	c PROFESSIONAL FEES	8,096	0	8,096	0
	d SOFTWARE	10,260	343	9,917	0
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	505,789	362,560	143,229	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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Form 990 (2020)

Part X	B a	lanco	Sheet	-

		Check if Schedule O contains a response or	note to any line in this Part IX .			🖂
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		239,768	1	328,770
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		58,040	4	47,480
Assets	5 6	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons described	contributor, or 35% these persons alified persons (as defined		5	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges .			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, Ii		12		
	13	Investments—program-related. See Part IV, I	ine 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets: Add lines 1 through 15 (must e	qual line 33)	297,808	16	376,250
	17	Accounts payable and accrued expenses .		3,500	17	3,500
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	contributor, or 35%		22	
	23	Secured mortgages and notes payable to unre	elated third parties		23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D		25		
Core:	26	Total liabilities. Add lines 17 through 25 .		3,500	26	3,500
Ses		Organizations that follow FASB ASC 958, che	ck here 🕨 🗹 and complete			
Net Assets or Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		294,308	27	372,750
d B	28	Net assets with donor restrictions	1		28	
un	-	Organizations that do not follow FASB ASC 9	58. check here ▶ ☐ and			
r F		complete lines 29 through 33.	50) Shock here P. L. dhu			
0 8	29	Capital stock or trust principal, or current fun	ds		29	
set	30	Paid-in or capital surplus, or land, building or	equipment fund		30	
As	31	Retained earnings, endowment, accumulated i	income, or other funds		31	
et	32	Total net assets or fund balances		294,308	32	372,750
Z	33	Total liabilities and net assets/fund balances		297.808	33	376.250

Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	84,231
2	Total expenses (must equal Part IX, column (A), line 25)	2			05,789
2	Revenue less expenses. Subtract line 2 from line 1	3			78,442
ر 4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			294,308
+	· · · · · · · · · · · · · · · · · · ·	5			.94,306
-	Net unrealized gains (losses) on investments				
-	Donated services and use of facilities	6			
<i>'</i>	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10		3	372,750
Pa	fixII Financial Statements and Reporting				_
	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 ☑ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both:	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Single Audit Act and OMB Circular A-133?

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За

3b

Νo

Form **990** (2020)

Form 990 (2020)

Form 990 (2020)

Additional Data Return to Form

Software ID: 20011577

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

		ue Service e organization					Employer identifica	tion number
GLUBA	L SUS1	AINABLE TOURISM COUNCIL					46-1050633	
Pai	rt I	Reason for Public	c Charity St	atus (All organiza	tions must co	mplete this pa		ns.
The o	rganiz	ation is not a private fo	undation beca	use it is: (For lines 1	through 12, che	eck only one bo	x.)	
1		A church, convention of	of churches, or	association of churc	hes described ir	section 170(b)(1)(A)(i).	
2		A school described in	section 170(b)	(1)(A)(ii). (Attach S	chedule E (Forn	n 990 or 990-E	Z).)	
3		A hospital or a coopera	ative hospital s	service organization o	lescribed in sec	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city, a		rated in conjunction w	vith a hospital d	escribed in sect	tion 170(b)(1)(A)(iii). Enter the
5		An organization operat 170(b)(1)(A)(iv). (Co		•	versity owned o	r operated by a	governmental unit d	escribed in section
6		A federal, state, or local	al government	or governmental unit	described in se	ction 170(b)(1)(A)(v).	
7		An organization that no described in section 1 7	•	•	• •	m a governmen	ital unit or from the g	eneral public
8		A community trust des	cribed in secti	on 170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural researc university or a non-lan						
10	V	An organization that no receipts from activities from gross investment organization after June	related to its income and u	exempt functions—sunrelated business tax	ubject to certain cable income (le	exceptions, aness section 511	id (2) no more than 3	331/3% of its support
11		An organization organi	zed and operat	ted exclusively to test	for public safe	ty. See section	509(a)(4).	
12		An organization organizone or more publicly so the box in lines 12a th	upported orgar	nizations described in	section 509(a)	(1) or section 5	09(a)(2). See sectio r	509(a)(3). Check
а		Type I. A supporting or supported organization organization. You must	(s) the power	to regularly appoint o	r elect a majorit			
b		Type II. A supporting of management of the sumust complete Part IV	pporting organ	ization vested in the		• • •	. , ,	
c		Type III functionally is supported organization	_		•		, -	rated with, its
d		Type III non-functional not functionally integral (see instructions). You	ated. The organ	nization generally mu	st satisfy a dist	ribution require		. ,
e		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	ype III functionally
f	Enter	the number of supporte	ed organizatior	ns			<u> </u>	
g		Provide the following in	nformation abo	ut the supported orga	nization(s).			
	. ,	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	(iv) Is the d listed in you docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1- 10 above (see instructions))	Yes	No	(see mstructions)	instructions)

Total

Sch	nedule A (Form 990 or 990-EZ) 2020)					Page 2
:	Complete only if you on Part III. If the organization	checked the bo	x on line 5, 7	, or 8 of Part I	or if the organ	ization failed t	o qualify under
9	Section A. Public Support						•
Ca	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	r fiscal year beginning in) 🟲	(4) 2010	(6) 2017	(6) 2010	(u) 2013	(6) 2020	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grant.") Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge Total. Add lines 1 through 3						
4 5	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
_	Section B. Total Support						
	lendar year	(-) 201 <i>6</i>	(h) 2017	(-) 2010	(4) 2010	(-) 2020	(f) Tabal
	r fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	•						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	and income from similar sources						
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.).						
11	Total support. Add lines 7 through						
	1 0						
12	Gross receipts from related activitie	s, etc. (see instr	ructions)			12	
13	First 5 years. If the Form 990 is for t	the organization's	s first, second,	third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here					▶	
_	Section C. Computation of Pul	olic Support I	Percentage				
14	Public support percentage for 2020 (e 11, column (f))	. 14	0 (
15	Public support percentage for 2019	•	•		-	15	0 .
	33 1/3% support test—2020. If the o						k this hox
100	and stop here. The organization qual						
	33 1/3% support test—2019. If the						
١	box and stop here. The organization	-			•		_
17-	a 10%-facts-and-circumstances test—						- 8
1/6	is 10% or more, and if the organiza						lain
	in Part VI how the organization mee						
	organization						▶ □
	10%-facts-and-circumstances test-	–2019. If the org	anization did n	ot check a box o	n line 13, 16a, 16	b, or 17a, and li	ne
	15 is 10% or more, and if the orga	nization meets tl	he "facts-and-c	ircumstances" te	est, check this box	x and stop here.	
	Explain in Part VI how the organiza	ation meets the "	facts-and-circu	mstances" test.	The organization	qualifies as a pu	ublicly
	supported organization						▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Section A. Public Support

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

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

	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in) Gifts, grants, contributions, and	228,951	401,787	382,959	501,698	582,713	2,098,108
	membership fees received. (Do not include any "unusual grants.") .	220,931	401,767	362,939	301,098	302,713	2,096,106
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						0
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						0
4	 Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5	228,951	401,787	382,959	501,698	582,713	2,098,108
	Amounts included on lines 1, 2,	,	,	,	,	,	, ,
	and 3 received from disqualified						0
	persons Amounts included on lines 2 and 3						
D	received from other than						
	disqualified persons that exceed						0
	the greater of \$5,000 or 1% of the						
c	amount on line 13 for the year. Add lines 7a and 7b						0
8	Public support. (Subtract line 7c						2 000 100
	from line 6.)						2,098,108
S	ection B. Total Support						-
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(or	fiscal year beginning in) Amounts from line 6	228,951	401,787	382,959	501,698	582,713	2,098,108
10a				·	·	·	
	Gross income from interest,						
	dividends, payments received on						
	dividends, payments received on securities loans, rents, royalties						
	dividends, payments received on						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain						
b c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital						
b c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						2.009.109
b c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.).						2,098,108
b c 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for	=			=		organization,
b c 111 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources				=	section 501(c)(3)	organization,
b c 111 12 13 14 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources	lic Support P	ercentage	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		organization,
b c 111 12 13 14 Se 15	dividends, payments received on securities loans, rents, royalties and income from similar sources	lic Support Po	ercentage) divided by line	13, column (f)) .		15	organization,
b c 111 12 13 14 Se 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources	lic Support Po (line 8, column (f	ercentage i) divided by line art III, line 15 .	13, column (f)) .			organization,
b c 111 12 13 14 Se 15 16 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources	lic Support Po (line 8, column (f .9 Schedule A, Po estment Inco	ercentage) divided by line art III, line 15.	13, column (f))		15 16	organization, 100.000 %
b c 111 12 13 14 Se 15 16 Se 17	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here	lic Support Po (line 8, column (f .9 Schedule A, Po estment Inco 2020 (line 10c, co	ercentage i) divided by line art III, line 15. me Percenta olumn (f) divided	13, column (f))	nn (f))	15 16	organization, 100.000 % 100.000 %
b c c 111 12 13 14 Se 15 16 Se 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources	lic Support Po (line 8, column (f .9 Schedule A, Po estment Inco 2020 (line 10c, co a 2019 Schedule	ercentage i) divided by line art III, line 15. me Percenta blumn (f) divided A, Part III, line	13, column (f))	nn (f))	15 16 17 18	organization, 100.000 % 100.000 % 0 % 0 %
b c 111 12 13 14 Se 15 16 Se 17	dividends, payments received on securities loans, rents, royalties and income from similar sources	lic Support Po (line 8, column (f .9 Schedule A, Po estment Inco 2020 (line 10c, co a 2019 Schedule organization did n	ercentage i) divided by line art III, line 15. ime Percenta blumn (f) divided A, Part III, line in out check the box	13, column (f))	in (f))	15 16 . 17 18 nan 33 1/3%, and	0 % 0 % 0 % line 17 is not
b c c 111 12 13 14 Se 15 16 Se 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here. Public support percentage for 2020 public support percentage from 2010 ection D. Computation of Investment income percentage from 331/3% support tests—2020. If the comore than 33 1/3%, check this box and stop here.	lic Support Po (line 8, column (f .9 Schedule A, Po estment Inco 2020 (line 10c, co a 2019 Schedule organization did n and stop here. The	ercentage i) divided by line art III, line 15. Imme Percenta olumn (f) divided A, Part III, line int check the box a organization qu	13, column (f)). ge by line 13, colum 17 on line 14, and	In (f))	15 16 . 17 18 nan 33 1/3%, and anization	0rganization, 100.000 % 100.000 % 0 % 0 % line 17 is not

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations		1	1
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
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			
5a	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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	4c		
b	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
-	organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
_		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If</i>	,		
	"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> " <i>Yes,"</i> provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	0-		
.0a	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	9c		
	organizations)? If "Yes," answer line 10b below.	10a		
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).	10h		

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and below, the governing body of a supported organization?			
_		11a		
b	•	11b		
С	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide Part VI	detail in 11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power t regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlly organization's activities. If the organization had more than one supported organization, describe how the powers to and/or remove directors or trustees were allocated among the supported organizations and what conditions or rest if any, applied to such powers during the tax year.	e tax ed the o appoint		
2		ion(s)		
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
S	Section C. Type II Supporting Organizations		<u> </u>	
			Yes	No
1		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 support	urtod 1		
_	Section D. And Type III Supporting Organizations	rteu		
	Section D. An 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 pri year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provide	d? 1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI h			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's incompassets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizatio	ne or		
	Section E. Type III Functionally-Integrated Supporting Organizations			
1		r (see instruction	ons):	
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental instructions)	ent entity (see		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes 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	e	les	140
	organization was responsive to those supported organizations, and how the organization determined that these ac constituted substantially all of its activities.	tivities 2a		
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the real the organization's position that its supported organization(s) would have engaged in these activities but for the	r more of		
_	organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trust 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 eits supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	each of 3b		

temporary reduction (see instructions)

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng O	rganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	_		
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrat	ed 509(a)(3) Support	ting	(continue	d)
Section D ^O r Basti Abtife this				Current Year
1 Amounts paid to supported organizations to accompli	ish exempt purposes	1		_
2 Amounts paid to perform activity that directly further organizations, in	s exempt purposes of suppo	orted 2		
excess of income from activity				
3 Administrative expenses paid to accomplish exempt	purposes of supported orga	nizations 3		
4 Amounts paid to acquire exempt-use assets		4		
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part V	/I) 5		
6 Other distributions (describe in Part VI). See instruc		6		
7 Total annual distributions. Add lines 1 through 6.		7		
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is re			
9 Distributable amount for 2020 from Section C, line 6		9		
10 Line 8 amount divided by Line 9 amount		10	,	
·		(ii)		(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribi Pre-202		Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI				
). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				
i Carryover from 2015 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2020 from Section D, line 7:				
\$				
Applied to underdistributions of prior years				
b Applied to 2020 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI				
See instructions.				
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2021. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018 d Excess from 2019				
e Excess from 2020				

Schedule A (Form 990 or 990-EZ) 202	chedule A	(Form	990 or	990-EZ	2020
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Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2020

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SCHEDULE O (Form 990 or 990-

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

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OMB No. 1545-0047

Department of the Treasury

EZ)

Name Benthe Carinitzation GLOBAL SUSTAINABLE TOURISM COUNCIL

Employer identification number

46-1050633

Return Reference	Explanation
Pt V, Line 14b	NO COMPENSATION PAID TO OFFICERS AND DIRECTORS LISTED ON PART VII
Pt VII, Col (F)	NO COMPENSATION PAID TO OFFICERS AND DIRECTORS LISTED ON PART VII
Pt VI, Line 3	THE ORIGANIZATION DELIGATES MANAGEMENT AND ADMINISTATION TO INDPENDENT CONTRACTORS.
Pt VI, Line 11b	BOARD OF DIRECTORS REVIEWED THE FORM 990 AND APPROVED BEFORE FILING.
Pt VI, Line 12c	BOARD OF DIRECTROS MEET ANNUALLY TO REVIEW THE COMPLIAANCE AND CONFLICT OF INTEREST POLICIES OF THE ORGANIZATION.
Form 990, Part III, Line 4d	GSTC provides advisory services on sustainable 92269. 0. 31685.

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

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Schedule O (Form 990 or 990-EZ) 2020

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