990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

A	For the	2022 calend	dar year, or tax year beginnir	ng , 2022, an	nd ending			, 20				
В	Check if	applicable:	C Name of organization GLOBA	L SUSTAINABLE TOURISM C	COUNCIL		D Empl	oyer identification number				
	Address	change	Doing business as GSTC				46-1	050633				
	Name ch	nange	Number and street (or P.O. box	if mail is not delivered to street address)	Rooi	m/suite	E Teleph	none number				
	Initial ret	turn	PO BOX 96503 #51	887			(415	378-3572				
	Final retu	al return/terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amende	d return	WASHINGTON, DC 2	0090			G Gross receipts \$1,245,95					
	Applicat	ion pending	F Name and address of principal	officer:		H(a) Is this a gro	oup return fo	or subordinates? Yes X No				
			RANDALL DURBAND, 28	34 E GELNN ST, TUCSON, A	AZ 85716	H(b) Are all su	ubordinat	es included? Yes No				
I	Tax-exe	mpt status:	X 501(c)(3)) (insert no.)	527	If "No," a	attach a li	st. See instructions.				
J	Website	www.g	stcouncil.org			H(c) Group ex	xemption	number				
K	Form of	organization: 🛚	Corporation Trust Assoc	ciation Other L Yea	ar of formatio	n: 2010	M State	of legal domicile: DC				
Р	art I	Summa	ry									
	1	Briefly des	cribe the organization's mis	ssion or most significant activities:	GSTC's purpose is t	o promote sustainable to	urism through	a common language and one of its key objective				
e				l creation of universal princip								
Activities & Governance		criteria	for all sectors of the T	ourism industry from Hotles to	Airline:	s to Tours	Operat	ors to Destinations.				
/en	2	Check this	box if the organization	discontinued its operations or disp	oosed of n	nore than 25	% of it	s net assets.				
ő	3	Number of	voting members of the gov	verning body (Part VI, line 1a)			3	18				
∞ŏ	4	Number of	independent voting memb	ers of the governing body (Part VI,	line 1b)		4	18				
ties	5	Total numb	per of individuals employed	in calendar year 2022 (Part V, line	2a) .		5	1				
Ξ̈	6	Total numb	per of volunteers (estimate	f necessary)			6	0				
Ac	7a	Total unrel	ated business revenue fron	n Part VIII, column (C), line 12 .			7a	0.				
	b	Net unrelat	ted business taxable incom	e from Form 990-T, Part I, line 11			7b	0.				
				Prior Year		Current Year						
ø	8		ons and grants (Part VIII, lin		293,	155.	417,220.					
Revenue	9	Program se	ervice revenue (Part VIII, lin	522,	592.	827,357.						
ě	10	Investment	t income (Part VIII, column	(A), lines 3, 4, and 7d)			53.	1,379.				
ш	11	Other reve	nue (Part VIII, column (A), li									
	12	Total reven	ue-add lines 8 through 11	(must equal Part VIII, column (A), lin	ne 12)	815,	800.	1,245,956.				
	13			IX, column (A), lines 1-3)								
	14	Benefits pa	aid to or for members (Part	IX, column (A), line 4)								
S	15	Salaries, ot	her compensation, employe	e benefits (Part IX, column (A), lines	5–10)	84,	473.	212,545.				
)Su	16a	Profession	al fundraising fees (Part IX,	column (A), line 11e)								
Expenses	b	Total fundr	aising expenses (Part IX, c	olumn (D), line 25)	0.							
Ш	17	Other expe	enses (Part IX, column (A), I	ines 11a-11d, 11f-24e)		555,	170.	726,026.				
	18	Total expe	nses. Add lines 13–17 (mus	st equal Part IX, column (A), line 25	i)	639,	643.	938,571.				
	19	Revenue le	ess expenses. Subtract line	18 from line 12		176,	157.	307,385.				
Net Assets or Fund Balances					Ве	ginning of Curr	ent Year	End of Year				
set	20	Total asset	ts (Part X, line 16)			552,	407.	876,609.				
A As	21		()			3,	500.	18,000.				
			or fund balances. Subtract	line 21 from line 20		548,	907.	858,609.				
	art II		re Block									
				s return, including accompanying schedules an officer) is based on all information of whic				my knowledge and belief, it is				
	ie, correc	t, and complete	e. Deciaration of preparer (other th	an officer) is based on all information of which	on preparer n	as any knowied	ige.					
C:							/20/2	2023				
Si	_	Signature of officer Date										
He	ere		DALL DURBAND, CEO									
		1 7 .	name and title	<u> </u>	- I _							
Pa	nid		preparer's name	Preparer's signature	Date		Check	if PTIN				
	epare	r MATHEW	V JOHN	MATHEW V JOHN	09,	/20/2023	self-emp	1100703001				
	se Onl	ly Firm's nan				Firm's		88-3904753				
		Firm's add		/E, NEW YORK, NY 10017		Phone	e no. (2	12)983-0890				
Ma	ıv the IF	RS discuss t	this return with the prepare	r shown above? See instructions				. X Yes No				

Part	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:
•	GSTC's purpose is to promote sustainable tourism through a common language and one of its key objective
	is to facilitate the adoption and creation of universal principles for sustainable tourism through a set of
	criteria for all sectors of the Tourism industry from Hotles to Airlines to Tours Operators to Destinations.
	<u></u>
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 \$ 119,051. including grants of \$ 0.) (Revenue \$ 98,983.)
	Accreditation Services:
	"Accredition" consists of GSTC placing a quality mark on the standards and/or
	processes of Certification Bodies that certify travel and tourism products as
	"sustainable". "Recognition" consists of verifying that the owner of a set
	of standards for sustainable tourism comply with the global baseline standards,
	the GSTC criteria.
4b	(Code:) (Expenses \$ 36,718. including grants of \$ 0.) (Revenue \$ 61,283.)
	Destinations: As an Accreditation Body, GSTC places marks for certifying
	bodies that certify touristic destinations as sustainable. Additionally,
	to assist policy-makers at the national, provincial or state level, plus
	destination managers at the municipal level, which are always public sector,
	GSTC offers planning and capacity-building tools. For planning, we provide assessments
	of current situation with recommendations for future action. For capacity-building we offer multi-day training sessions for policy-makers.
	makers.
	IIIGACI 5.
4c	(Code:) (Expenses \$ 321,688. including grants of \$ 0.) (Revenue \$ 393,849.)
	Education and Training: GSTC conducts online training classes plus various
	forms of mulit-day on-site training classes for all players in travel
	and tourism including the private section, public sector, ,NGO's, and
	academia.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 130,411. including grants of \$ 0.) (Revenue \$ 345,403.)
4e	Total program service expenses 607,868.

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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	×	140
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
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? <i>If</i> "Yes," complete Schedule C, Part II	4		×
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		×
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? <i>If "Yes," complete Schedule D, Part IV </i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a	×	
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	×	
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		

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

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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? If "Yes," complete Schedule J	23		×
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		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
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		×
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? <i>If "Yes," complete Schedule L, Part II</i>	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		×
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a	×	
b c	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
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? <i>If "Yes," complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part				×
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	×	
b	If "Yes," enter the name of the foreign country KS			
E0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Fo		×
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	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). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
	required to file Form 8282?	7с		×
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		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
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		×
9	Sponsoring organizations maintaining donor advised funds.	0		<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand	14a		×
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a		×
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		×
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.			
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		
	ii 100, Complete i citii cocci			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
Sooti	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	<u> </u>
Secu	on 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 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.		163	140
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3	×	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	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 reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	nde)	
00011	on bit ondies (This economic requeste information about policies frot required by the internal rieven	40 0	Yes	No
10a	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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on 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	×	
b b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b	×	<u>×</u>
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	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?	• •		
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	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			
C1.	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed DC			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	01(c)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-RANDALL DURBAND, 2834 E GLENN ST, TUCSON, AZ 85716 (415)378-3572	cords		

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 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.

$\hfill \Box$ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LUIGI CABRINI	5.00	-								
DIRECTOR		×						0.	0.	0.
(2) RANDALL DURBAND CEO	80.00	×		×				49,500.	0.	0.
(3) KELLY S BRICKER DIRECTOR	0.00	×						4,800.	0.	0.
(4)								1,000.	0.	0.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	rustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated Emp	oloyees	(continued)
						C)						
	(A) Name and title		age box, unless person is officer and a director/						(D) Reportable compensation	(E) Reportable compensation	n	(F) mated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W 1099-MISC/ 1099-NEC)	'-2/ org	ompensation from the anization and d organizations
(15)			_									
(16)			-									
(17)			-									
(18)			-									
(19)			-									
(20)			-									
(21)			-									
(22)			-									
(23)												
(24)			-									
(25)												
1b c	Subtotal	VII, Section	n A						54,300.		0.	0.
d 2	Total (add lines 1b and 1c)		 d to th	IOSE	e list	ed	 above	e) w	54,300. ho received mor	e than \$100,0	00 of	0.
3	Did the organization list any former of employee on line 1a? If "Yes," complete of							-	loyee, or highes	-		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	,000	? /	f "Ye	s, "	complete Sche			×
5	Did any person listed on line 1a receive of for services rendered to the organization		•				,		•		ual	
Secti	on B. Independent Contractors										'	1
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	lress							(B) Description of ser	vices		C) ensation
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	e) who		

Part VIII	Statement of Revenue
	Check if Schedule O contains a response

ı aı		Check if Schedule O contains a response or no	te to any	/ line in this Pa	rt VIII		\sqcap
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b 391	,247.				
جَ جَ	С	Fundraising events 1c					
ifts ar⊿	d	Related organizations 1d					
a, E	e	Government grants (contributions) 1e					
ons Si	f	All other contributions, gifts, grants, and similar amounts not included above	0.770				
orti The	~	and similar amounts not included above 1f 25 Noncash contributions included in	,973.				
Ę E	g						
Son	h	Innes 1a-1†		417,220.			
	- ''	Busines		417,220.			
e G	2a						
Program Service Revenue	b						
yram Ser Revenue	С						
am eve	d						
g a	е						
Ţ	f	All other program service revenue		827,357.	827,357.	0.	0.
	g	Total. Add lines 2a–2f		827,357.			
	3	Investment income (including dividends, interest other similar amounts)		1 270	1 270	0	0
	4	Income from investment of tax-exempt bond proce	L	1,379.	1,379.	0.	0.
	5	Royalties	-				
		(i) Real (ii) Per					
	6a	Gross rents 6a	-				
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities (ii) O	ther				
		sales of assets					
_	L	other than inventory 7a					
ηne	b	Less: cost or other basis and sales expenses . 7b					
evenue	С	and sales expenses . 7b Gain or (loss) 7c	-				
Œ		Net gain or (loss)					
Other		Gross income from fundraising					
ð	- Ou	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events .					
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a	-				
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities Gross sales of inventory, less					
	104	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
2		Busines					
eor	11a						
scellaneo Revenue	b						
cel ev	C						
Miscellaneous Revenue	d	All other revenue					
	<u>е</u> 12	Total. Add lines 11a–11d		1,245,956.	828,736.	0.	0.
	14			エ,ムマン,クンひ。	040,/30.	U.	U .

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . (**D**) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 49,500. 49,500. 0. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 144,313. 21,437. 122,876. 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 18,732. 18,732. 0. 0. 11 Fees for services (nonemployees): Management 510,795. 47,308. 558,103. 0. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 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 33,078. 7,376. 25,702. Office expenses 0. Information technology 14 15 Occupancy 16 37,863. 37,175. 688. 17 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 1,182. 1,182. 22 Depreciation, depletion, and amortization . 0. 0. 23 2,317. 0. 2,317. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 0. a BANK & MERCHANT FEES 31,535. 19,197. 12,338. DUES AND SUBSCRITPIONS 8,595. 8,595. 0. 0. PROFESSIONAL FEES 32,797. 0. 40,172. С 7,375. SOFTWARE 10,864. 2,777. 8,087. 0. All other expenses 2,317. 0. 2,317. 0. 25 **Total functional expenses.** Add lines 1 through 24e 938,571. 607,868. 330,703. 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)

Р	art X				
		Check if Schedule O contains a response or note to any line in this Par			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	441,548.	1	855,026.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	110,859.	4	19,219.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		3	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,546.			
	b	Less: accumulated depreciation 10b 1,182.		10c	2,364.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	552,407.	16	876,609.
	17	Accounts payable and accrued expenses	3,500.	17	18,000.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,500.	26	18,000.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	548,907.	27	858,609.
B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
155	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et/	32	Total net assets or fund balances	548,907.	32	858,609.
<u>Ž</u>	33	Total liabilities and net assets/fund balances	552,407.	33	876,609.
					Form 990 (2022

Form 990 (2022) Page **12**

Part	Reconciliation 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	1,2	45,9	56.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	3	07,3	85.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	48,9	07.			
5	Net unrealized gains (losses) on investments	5						
6		6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9		9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
		10	8	56,2	92.			
Part	XII 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	. جاء						
	If the organization changed its method of accounting from a prior year or checked "Other," expl Schedule O.	iain (OH					
_								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				×			
	If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both:	niea	or					
	Separate basis Consolidated basis Both consolidated and separate basis		01					
D	Were the organization's financial statements audited by an independent accountant?	 a a a	2b		×			
	separate basis, consolidated basis, or both:	u on	a					
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	siaht	of					
C	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, expl							
	Schedule O.	iaii (
За		n in tl	he					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		×			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo tl	he					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	dits .	3b					

REV 05/17/23 PRO Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

GLOBAL SUSTAINABLE TOURISM COUNCIL

Part Reason for Public Charity Status (All organizations must complete this part.) See instructions

	December Duble Cher				بر جاجات جاج	Control	
	Reason for Public Char		_				ons.
_	organization is not a private foundat		,	,	•	,	
1	A church, convention of church					0(b)(1)(A)(i).	
2	☐ A school described in section	170(b)(1)(A)(ii). ((Attach Schedule E (F	orm 990)	.)		
3	☐ A hospital or a cooperative hos	pital service org	janization described i	n sectio r	170(b)(1	I)(A)(iii).	
4	A medical research organization	n operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state	:					
5	☐ An organization operated for the		college or university	owned o	r operate	ed by a government	al unit described in
·	section 170(b)(1)(A)(iv). (Comp		conlege of university	OWIIIOG C	Тороган	a by a government	ar arm accombod in
_		•			470(1)	(4)(4)()	
6	A federal, state, or local govern	•					
7	An organization that normally r			port from	ı a gover	nmental unit or fron	n the general public
	described in section 170(b)(1)(A)(vi). (Complet	e Part II.)				
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ An agricultural research organiz	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	or university or a non-land-gran						
	university:	0 0	•	,			· ·
10	X An organization that normally re	eceives (1) more	than 331/3% of its su	pport fro	m contrib	outions membershir	fees and gross
	An organization that normally re receipts from activities related t	to its exempt fur	nctions, subject to ce	rtain exc	eptions; a	and (2) no more than	33 ¹ /3% of its
	support from gross investment	income and unr	related business taxal	ole incom	ne (less se	ection 511 tax) from	businesses
	acquired by the organization af		•		•	•	
11	An organization organized and	•	•	-			
12	An organization organized and o						
	one or more publicly supported						
	the box on lines 12a through 12a	d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
а	Type I. A supporting organi	zation operated	. supervised, or contr	olled by	ts suppo	rted organization(s).	typically by giving
	the supported organization(
	supporting organization. Yo						
L	,	-	•				(-) h h i
b	_ ,,						
	control or management of the				persons	that control or man	age the supported
	organization(s). You must o	-	•				
С							ally integrated with,
	its supported organization(s	s) (see instruction	ns). You must comp l	lete Part	IV, Secti	ons A, D, and E.	
d	I ☐ Type III non-functionally ir	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)
	that is not functionally integ	rated. The orgai	nization generally mus	st satisfy	a distribu	ution requirement an	d an attentiveness
	requirement (see instruction	is). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е	\Box Check this box if the organi	zation received	a written determination	on from t	ne IRS th	at it is a Tyne I Tyne	e II. Type III
_	functionally integrated, or T						5 II, 1 ypo III
f		• •			•		
		•					
g							() ()
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
			, , , , , , , , , , , , , , , , , , , ,			,	,
				Yes	No		
(A)							
(~)							
/D \							
(B)							
(C)							
(D)							
(E)							
Toto							

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Secti	on A. Public Support						
Calen	dar 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.")	382,959.	501,698.	582,713.	293,155.	417,220.	2,177,745.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	382,959.	501,698.	582,713.	293,155.	417,220.	2,177,745.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						2 177 745
Secti	on B. Total Support						2,177,745.
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	382,959.	501,698.	582,713.	293,155.	417,220.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,	, , ,		,	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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.)	382,959.	F01 600	F02 712	202 155	417 220	2,177,745.
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's		, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13. column (fl)		15	100 %
16	Public support percentage from 2021 Sch					16	100 %
	on D. Computation of Investment In					10	100 70
17	Investment income percentage for 2022 (y line 13. colu	mn (f))	17	0 %
18	Investment income percentage from 202			-		18	0 %
19a	331/3% support tests—2022. If the organ					1 - 1	
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organize line 18 is not more than 331/3%, check this						33 ¹ /3%, and
20	Private foundation. If the organization di	_	_	=	-		

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.)

Se

Secti	on A. All Supporting Organizations			
			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		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with record to a substantial contributor.			
8	with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
0	7? If "Yes," complete Part I of Schedule L (Form 990).	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
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.	10a		
h	Did the organization have any excess business holdings in the tay year? (I se Schedule C. Form 1720, to			

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Secti	on 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		
Secti	on 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?	1		
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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c 2	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ 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 entity Activities Test. Answer lines 2a and 2b below. 	(see in	struct Yes	
а	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.	2 a		
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.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
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.	3b		

				•
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.
Sect	ion 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		
Sect	ion 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	ion 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-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 From 2018 **c** From 2019 **d** From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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varrie o	the organization		Employer identification number
GLO	BAL SUSTAINABLE TOURISM COUNCIL		46-1050633
Par			ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		ld in donor advised
5	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
O	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		
_		· · · · · · · · · · · · · · · · · · ·	· · · · · · L Yes L No
Part			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education) Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified hi		
c d	Number of conservation easements included in (c) a		
u	historic structure listed in the National Register .		
2	_		
3	Number of conservation easements modified, trans	sierrea, releasea, extinguishea, or tem	ninated by the organization during the
	tax year		
4	Number of states where property subject to consen	vation easement is located	TOTAL CONTRACTOR AND
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line 2		section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · Yes 🗌 No
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue	
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easement	nts.	
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held	•	
	provide the following amounts relating to these item		search in fartherance of public service,
			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
_	(II) Assets included in Form 990, Part X		· · · · \$
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Part	III Organizations Maintaining Co	ollections of A	Art, His	torical T	reasures,	or Ot	her Similar Ass	sets (conti	inued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and oth	ner recor	ds, chec	k any of the	follow	ving that make si	gnificant us	se of its
а	☐ Public exhibition		d	Loan	or exchange	progr	am		
b	☐ Scholarly research								
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	n's collections a	nd expla	ain how th	hey further t	he org	anization's exem	pt purpose	in Part
5	During the year, did the organization so	olicit or receive of	donation	s of art,	historical tre	asure	s, or other simila	r	
	assets to be sold to raise funds rather that	an to be maintai	ined as p	oart of the	e organizatio	n's co	llection?	☐ Yes	☐ No
Part	V Escrow and Custodial Arrang	gements.							
	Complete if the organization ar	nswered "Yes"	on For	m 990, F	Part IV, line	9, or	reported an am	ount on Fo	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, cu	ustodian or othe	er interm	nediary fo	or contribution	ons or	other assets no	t	
	included on Form 990, Part X?							☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the fo	llowing ta	able:				
	, 1	'		0			An	nount	
С	Beginning balance					1c	;		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount of							Yes	No
	If "Yes," explain the arrangement in Part								
Par		7 0							
	Complete if the organization ar	nswered "Yes"	on For	m 990. F	Part IV. line	10.			
		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance	(2)	(-)	,	(0, 1112) 20112		(4,	(0) 1 2) 2	
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current vear en	d balanc	e (line 1a	column (a))	held :	as:		
a	Board designated or quasi-endowment		6	· (, 00 (4))				
b	Permanent endowment %		•						
c	Term endowment %								
Ū	The percentages on lines 2a, 2b, and 2c	should equal 10	nn%						
3a	Are there endowment funds not in the p	•		zation tha	at are held a	nd ad	ministered for the	;	
	organization by:		9						s No
	(i) Unrelated organizations							3a(i)	110
	***							3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga							3b	
4	Describe in Part XIII the intended uses of		-					0.0	
Part									
	Complete if the organization ar		on For	m 990. F	Part IV. line	11a.	See Form 990.	Part X. line	e 10.
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book va	
	,	(investme			ther)		epreciation	(=, ====	
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment	3	3,546.				1,182.	2	,364.
e	Other		, , , , , , ,				_,		,
	Add lines 1a through 1e (Column (d) mus	st equal Form 90	00 Part	(column	(R) line 100	-)		2	364

Part VII	Investments—Other Securities.	000 5 1 11/1	441.0 -	000 D 13/ 11 40
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I di tix	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description	,,		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) 100 d f = 100 D t V = 1 (D) 100 d f			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>		
PartA	Complete if the organization answered "Yes" on For	m 000 Part IV lin	o 11o or 11f Soc	Form 000 Part Y
	line 25.	iii 330, i ait iv, iiii	e i le di i il. dec	er omi 990, ran X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				(,,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the text of the footnotes is liability for uncertain tax positions under FASB ASC 740. Check			

Part			Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
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		3
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.)		
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i>		5
Part			-
	Complete if the organization answered "Yes" on Form 990, F		
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:		· ·
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	-
C	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	-
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
		עד	
	Add lines 4a and 4b		40
С	Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line		4c
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line

Schedule D (Fo	rm 990) 2022	Page \$
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

name of the organization					Employer id	dentification numb	er
GLOBAL SUSTAINABLE TOURI	SM COUNC	IL			46-105	0633	
General Information Form 990, Part IV, line		ies Outside	the United States.	Complete if the orga	nization a	nswered "Yes"	on
1 For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	for the grant	s or assistance, and t	he selection criteria	used to	☐ Yes	۷o
2 For grantmakers. Describe outside the United States.3 Activities per Region. (The fo				-		d other assista	nce
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as fundraising, program servic investments, grants to recipi located in the region)	the (e) If activity liste a program se describe specific	d in (d) is rvice, c type of	(f) Total expenditures for and investment in the region	
(1) East Asia and Pacific	1	5	PROGRAM SERVICE	S TRAINING, WORKSHOP	S, ADVISORY	20,00	0.
(2) Europe	0	3	PROGRAM SERVICE	S TRAINING, WORKSHOP	S, ADVISORY	40,00	0.
(3) South America	0	1	PROGRAM SERVICE	S TRAINING, WORKSHOP	S, ADVISORY		0.
(4) Middle East	0	1	PROGRAM SERVICE	S TRAINING, WORKSHOP	S, ADVISORY		0.
(5) South Asia	0	1	PROGRAM SERVICE	S TRAINING, WORKSHOP	S, ADVISORY		0.
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a Subtotal	1	11				60,00	0.
b Total from continuation sheets to Part I							
c Totals (add lines 3a and 3b)	1	11				60,00	0.

_			•				dditional space is		(2) 1.4 . 1 . 6
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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
_(13)						
_(14)						
(15)						
(16)						
_(17)						
(18)						

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	⊠ 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	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 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)	☐ Yes	⊠ 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? If "Yes," 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)	☐ Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 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)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	⊠ No

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. Pt I Line 3 Col (F): INDEPENDENT CONTRACTOR FEES PAID FOR FOR SERVICES RENDRED. Pt I Line 2: N/A Pt II, Line 1: N/A Part III: N/A Part III Col (C): N/A

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Name of the	e organization							Emp	loyer ide	ntificat	ion nu	mber		
GLOBAL	LOBAL SUSTAINABLE TOURISM COUNCIL					46-1050633								
Part I			ns (section 501 answered "Ye										40b.	
1 (a) Name of disqualified person		ied person	(b) Relationship between disqualified person and				(c) Description of transaction				(d) Corrected			
				organiza	tion								Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
	nter the amount on der section 4958		d by the organi	ization	_	ers or disq	ualifie	d persons du	ring the	e year	\$			
3 Er	nter the amount o	f tax, if any, o	n line 2, above,	reimbu	ırsed by	the organ	izatio	ı			\$_			
Part II	Complete if th	e organization	rested Person n answered "Ye nount on Form 9	s" on F				38a or Form	990, Pa	art IV,	line 2	6; or i	f the	
(a) Name	of interested person (b) Relationship with organization			(d) Loan to or from the organization?		(e) Origing principal an		e (g) In (default?	(h) Approved by board or committee?		(i) Written agreement?		
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)											<u> </u>			
(7)														
(8)											<u> </u>			
(9)														
(10)								•						
Total								\$						
Part III			efiting Interest answered "Ye			0, Part IV, I	ine 27	' .						
		onship between interested n and the organization (c) Amount of assistance				(d) Type of assistance			(e) Purpose of assistance					
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														

(10)

Part	Business Transactions Involve Complete if the organization at	ving Interested Persons. nswered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.		
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
(4)	TOTALITY DEPOS	DIDUGUOD	F0 0FF	DDOGDAN GEDILLGE FEEG	Yes	No
(1)	IOANNIS PAPPAS	DIRECTOR		PROGRAM SERVICE FEES		×
<u> </u>	CB RAMKUMAR	DIRECTOR	1,500.	PROGRAM SERVICE FEES		×
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
(10)						
Par	t V Supplemental Information.					
	Provide additional information	for responses to questions	on Schedule L (see	instructions).		
		·		•		

SCHEDULE O (Form 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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number					
GLOBAL SUSTAINABLE TOURISM COUNCIL	46-1050633					
Pt VII, Col (E): NO COMPENSATION PAID TO OFFICERS AND DIRECTORS LISTED ON PART						
VII						
Pt VII, Col (F): NO COMPENSATION PAID TO OFFICERS AND DIRECTORS LIST	TED ON PART					
VII						
Pt VI, Line 3: THE ORIGANIZATION DELIGATES MANAGEMENT AND ADMINISTA	FION TO INDPENDENT					
CONTRACTORS.						
Pt VI, Line 11b: BOARD OF DIRECTORS REVIEWED THE FORM 990 AND APPROV	VED BEFORE					
FILING.						
Pt VI, Line 12c: BOARD OF DIRECTROS MEET ANNUALLY TO REVIEW THE COMP	PLIAANCE					
AND CONFLICT OF INTEREST POLICIES OF THE ORGANIZATION.						
Pt V, Line 14b: ORGANIZATION DOES NOT RECEIVE ANY PAYMENTS FROM INDO	OOR TANNING					
SERVICES.						
Pt III, Line 4d:						
Expenses: \$130,411 including grants of: \$0 Revenue: \$345,403						
Description: GSTC provides advisory services on sustainable						
policiies and practices to governments throughout the world, at national levels such as Ministries						
of Tourism and Enviornment, at provincial and municipal levels, and to tourism businesses.						