Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Inspection

OCT 1, 2013 and ending SEP 30, 2014 A For the 2013 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address Global Action Name change 84-1471157 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 719-528-8728 PO Box 51063 720.880. X Amended G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-Colorado Springs, CO 80949 H(a) Is this a group return pendina Yes X No F Name and address of principal officer: Phillip Long for subordinates? H(b) Are all subordinates included? Yes same as C above I Tax-exempt status: X 501(c)(3) ___ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.globalaction.com H(c) Group exemption number ▶ Year of formation: 1998 M State of legal domicile: CO K Form of organization: X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: Our mission is to proclaim the Activities & Governance Kingdom of God to all peoples and serve the Church worldwide. \perp if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ▶ □ Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 10 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 15 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,841,292 674,136. Contributions and grants (Part VIII, line 1h) Revenue 370 0 Program service revenue (Part VIII, line 2g) 1,102 355. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -3.462. -6,412 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 671,029. 1,836,352 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 168,497. 438,906 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 677,181. 328,418. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 130 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 676 171 118,186. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 615,101. 1,792,388 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 43,964 55.928. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** Assets or Ralances End of Year 673,282 100,714. 20 Total assets (Part X, line 16) 490,496. 634,431 21 Total liabilities (Part X, line 26) E E -389,782. 38,851 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, Ndeclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete/Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. lulle Signature of officer Sign Phillip Long, President Here Type or print name and title Print/Type preparer's name P00958966 4/26/2016 Paid Adam R. Smith Firm's EIN 36-3990892 Firm's name Lapin Crouse LLP Preparer Firm's address 2435 Research Parkway, STE 200 **Use Only** Phone no.719-528-6225 Colorado Springs, CO 80920 X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

are taught in Ukraine, Nepal, India, Honduras, Guatemala, and El Salvador. Other program services (Describe in Schedule O.) 150,854. including grants of \$ (Expenses \$) (Revenue \$ 424 218. Total program service expenses ▶ Form 990 (2013) 332002 10-29-13

Form 990 (2013) Global Action

Part IV Checklist of Required Schedules 84-1471157 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	Х	
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		Х
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		Х
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? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	446	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	Schedule D, Parts XI and XII	12a		х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0	Х	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.,		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) Global Action

Part IV Checklist of Required Schedules (continued) 84-1471157 Page 4

	211 Onothing of Required Continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Α
32	Och and Ja M. Part III	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

Global Action Form 990 (2013) 84-1471157 Page 5

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Gross income from members or shareholders

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?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand 13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

b Gross income from other sources (Do not net amounts due or paid to other sources against

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(12) organizations. Enter:

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Х
			Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C		4	х	
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	21	
Za				
L	inco for the calcindar year chains within the year covered by this return		х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	21	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Λ
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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		х	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Λ	
b	If "Yes," enter the name of the foreign country: See Schedule 0			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
	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		Х
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).	_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		· ·
	to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			Х
	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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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 and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the 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 10a			

a Is the organization licensed to issue qualified health plans in more than one state? 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

11a

13b

12a

Form **990** (2013)

Global Action 84 - 1471157Page 6 Form 990 (2013)

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8		
2	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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and 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	Х	
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CO, TN, NH, MD, WI, WA, AK, MS, NY, VA, HI, KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.	1041		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
	Carin Symonette - 719-528-8728			
	5085 List Dr. Suite 100. Colorado Springs. CO 80919			

Form 990 (2013) Global Action 84-1471157 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Check this box if neither the organization nor any relative (B)		(C)					ioui	(D)	(E)	(F)
Name and Title	Average	(ala	Position to not check more than one ox, unless person is both an ficer and a director/trustee)			Reportable	Reportable	Estimated		
	hours per	box			h an	compensation	compensation	amount of		
	week	\vdash	cer an	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	ordi	ea ea track (W-2/1)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the			
	related organizations	rustee	trust		ee	nedu		(00-2/1099-101150)		organization and related
	below	dual t	utiona	_	Key employee	stcor	ь Б			organizations
	line)	Indivi	Institu	Officer	Key er	Highe emplo	Former			J
(1) Phillip Long	40.00									
President		х		Х				31,770.	0.	31,775.
(2) Robert Smith	5.00									
Board Chairman		Х		Х				0.	0.	0.
(3) Rick Thompson	5.00									
Board Vice-Chairman		Х		Х				0.	0.	0.
(4) Scott Dickson	5.00									
Board Treasurer		Х		Х				0.	0.	0.
(5) Jeff Ellis	5.00									
Board Secretary		Х		Х				0.	0.	0.
(6) Dr. Sujai Suneetha	5.00									
Board Member		Х						0.	0.	0.
(7) Barry Fluth	5.00									
Board Member		Х						0.	0.	0.
(8) Ted Long	5.00									
Board Member		Х						0.	0.	0.
(9) Ken Gibson	5.00									
Board Member		Х						0.	0.	0.
		l								
		ł								
		ł								
					-					
		ł								
					\vdash					
		ł								
		ł								
	I				I	1	l	1		

332007 10-29-13 Form **990** (2013)

	990 (2013) Global Action	ı								84-1471	157		Pa	ge 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em _l	oloy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			_ (0				(D)	(E)		(F)	
	Name and title	Average	(do		Posi heck		than	one	Reportable	Reportable		Estir	mated	t
		hours per					is bot or/trus		compensation	compensation	۱		unt o	f
		week (list any						T	from the	from related organizations	.	compe	her	ion
		hours for	direct				- D		organization	(W-2/1099-MIS		•	n the	
		related	tee or	ustee			ensate		(W-2/1099-MISC)	,	´	organ	nizatio	on
		organizations	al trus	onal tr		loyee	comp					and r		
		below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	izatio	ns
			드	드	Ð	<u>\$</u>	를 등	윤						
							┢							
1b	Sub-total							<u>►</u>	31,770.		0.		31,	775.
С	Total from continuation sheets to Part VI							>	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	31,770.		0.		31,	775.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	0,000 of reportable	Э			0
	compensation from the organization											Y	'es	No
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s										[3		Х
4	For any individual listed on line 1a, is the su	-		-					· · · · · · · · · · · · · · · · · · ·	the organization				
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a											_		37
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedule	e J f	or si	ıch _i	pers	son .					5		X
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt c	ont	racto	nre t	that received more than	\$100,000 of com	nenss	ation fro	m	
•	the organization. Report compensation for										porioc			
	(A)								(B)			(C)		
	Name and business	address	NO	NE					Description of s	services	Co	ompens	ation	
								\dashv						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2013)

			2013) Global <i>I</i>						84-1471157	Page 9
Pa	rt V	III								
			Check if Schedule O conta	ains a respo	onse	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1	a a	Federated campaigns	1a	1					
ar our			Membership dues		,					
s, G Am			Fundraising events		;	55,582.				
a git			Related organizations		ı					
JS,		е	Government grants (contributi	ions) 1e	<u> </u>					
e Eio		f	All other contributions, gifts, grant							
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above	/e 1f		618,554.				
d di		_	Noncash contributions included in lines			36,787.				
<u>8 0</u>		h	Total. Add lines 1a-1f			>	674,136.			
						Business Code				
<u>:</u>	2	а								
er.		b								
Program Service Revenue		С								
		d								
		e	***							
_		f	All other program service reve							
	_	g	Total. Add lines 2a-2f							
	3		Investment income (including other similar amounts)	-		*	85.			85.
	4		Income from investment of tax				-			
	5		Royalties	•	•	· -				
			Tioyanioo	(i) Rea		(ii) Personal				
	6	а	Gross rents	· · · ·		(-)				
		b	Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)							
			Gross amount from sales of	(i) Securit		(ii) Other				
			assets other than inventory	35,	080.	270.				
		b	Less: cost or other basis							
			and sales expenses	35,	080.	0.				
		С	Gain or (loss)		0.	270.				
			Net gain or (loss)				270.			270.
ē	8	а	Gross income from fundraising		ot					
Other Revenue			including \$ 55							
Rev			contributions reported on line			l I				
ē			Part IV, line 18			11,309.				
ĕ			Less: direct expenses			14,771.				
_			Net income or (loss) from fund				<3,462.	>		<3,462.
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam		S					
	10	а	Gross sales of inventory, less							
			and allowances							
	1	n	Less: cost of goods sold		b					

Business Code

671,029.

11 a b

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

0.

Page 10

84-1471157

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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	168,497.	168,497.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104,812.	66,241.	16 141	22 430
6	trustees, and key employees	104,012.	00,241.	16,141.	22,430
6	persons (as defined under section 4958(f)(1)) and				
	paragna described in agetion 4059(a)(2)(B)				
7		97,426.	61,573.	15,004.	20,849
7 8	Other salaries and wages Pension plan accruals and contributions (include	57,420.	J1, J1J.	15,001.	20,043
0	section 401(k) and 403(b) employer contributions)	7,062.	4,463.	1,088.	1,511
9	Other employee benefits	101,240.	63,984.	15,591.	21,665
10	Payroll taxes	17,878.	11,299.	2,753.	3,826
11	Fees for services (non-employees):	27,070	,-55.	2,755	2,320
	Management				
	Legal				
	Accounting	5,449.		5,449.	
d		, -		, -	
e	D (' ' ' ' ' ' ' O D ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g					
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	8,565.		8,565.	
12	Advertising and promotion				
13	Office expenses	42,974.	16,917.	16,690.	9,367
14	Information technology				
15	Royalties				
16	Occupancy	10,965.	3,304.	4,559.	3,102
17	Travel	15,209.	1,973.	376.	12,860
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,661.			1,661
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,534.	462.	638.	434
23	Insurance	5,698.		5,698.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Short Term Outreach Tri	12,091.	12,091.		
b	Ministry Weekends	6,667.	6,667.		
c	Gift in Kind Expense	6,340.	6,340.		
d	Misc Expenses	1,033.	407.	401.	225
e	All other expenses	,			
25	Total functional expenses. Add lines 1 through 24e	615,101.	424,218.	92,953.	97,930
<u> 26</u>	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)				

Form 990 (2013)
Part X Balance Sheet 84-1471157 Global Action Page **11**

		Check if Schedule O contains a response or not	e to an	v line in this Part X			
			<u> </u>	,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			77,657.	1	27,937.
	2	Savings and temporary cash investments			4,818.	2	2,924.
	3	Pledges and grants receivable, net				3	60,000.
	4	Accounts receivable, net			4,125.	4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
S.		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		7			
¥	8	Inventories for sale or use			10,176.	8	9,375.
	9	Prepaid expenses and deferred charges				9	256.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	116,347.			
	Ь	Less: accumulated depreciation		116,125.	572,027.	10c	222.
	11	Investments - publicly traded securities		·	·	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,479.	15	
	16	Total assets. Add lines 1 through 15 (must equa			673,282.	16	100,714.
	17	Accounts payable and accrued expenses		628,928.	17	487,443.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to current and former					
Iţi		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	oarties	5,503.	24	3,053.
	25	Other liabilities (including federal income tax, pa					
		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			634,431.	26	490,496.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ 🗓 and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			<129,590.	> 27	<561,783.>
3ak	28	Temporarily restricted net assets			168,441.	28	172,001.
De l	29	Permanently restricted net assets				29	
Ε		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🔲 📗			
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		31	
et	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			38,851.	33	<389,782.>
	34	Total liabilities and net assets/fund balances			673,282.	34	100,714.

Form **990** (2013)

Form 990 (2013) Global Action 84-1471157 Page **12** Part XI Reconciliation of Net Assets Х Check if Schedule O contains a response or note to any line in this Part XI 671 029. Total revenue (must equal Part VIII, column (A), line 12) 1 615,101. 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 55.928. 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 38.851. 4 4 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 8 Other changes in net assets or fund balances (explain in Schedule O) <484.561.3 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, <389,782.> 10 Part XII Financial Statements and Reporting х Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis Separate basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Х

За

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public . Inspection

Internal Revenue Service Name of the organization

Employer identification number Global Action 84-1471157

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.					
he organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2			'0(b)(1)(A)(ii). (Attach Sc										
з 🗌			tal service organization	•	in section	170(b)(1)	A)(iii).						
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter t	the h	nospita	l's nan	ne.
	city, and stat				•				•				•
5	•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed ir	 n		
-	-	(b)(1)(A)(iv). (Comple		,		,	J						
6			ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).						
7 X			eives a substantial part					or from the	general	nuhl	lic desc	cribed	in
. —	-	b)(1)(A)(vi). (Comple	· ·	o. no oupp		90.0			90.10.0.	J C. 1.0			
8			ection 170(b)(1)(A)(vi).	(Complete	Part II)								
9			eives: (1) more than 33 1			rom contri	butions m	nembershi	n fees a	nd a	iross re	ceints	from
-	-	•								-		-	
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
	See section 509(a)(2). (Complete Part III.)												
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11 🗔	An organization organized and operated exclusively to test for public safety. See section 303(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or												
—													
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	a Type I			ype III - Fu			d	Typ	e III - Nor	n-fun	nctiona	llv inte	arated
е 🗌		•	at the organization is not		-	ū						•	_
-			han one or more publicly										
f		-	ten determination from t		-				,(4)(1) 0.			· (=)(=):	
•		rganization, check th											
g		,	organization accepted ar						sons?				
9			irectly controls, either al									Yes	No
			upported organization?							Г	11g(i)	1	
	-		n described in (i) above?								11g(ii)		
			person described in (i) of								11g(iii)		
h			about the supported org							L	9()	<u> </u>	
	Trovide the r	ollowing information	about the supported of	garnzation	(0).								
(i) Nama	of ourported	/#XEIN	(III) Type of organization	(iv) Is the o	rganization	(v) Did voi	ı notify the	(vi) ls	the	(v::\	Amour	t of mo	notoni
` '	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your	organizat		Lorganizátic	on in col. I	(111)	Amoun) Sur	port	iiciai y
o, g.	amzadon		above or IRC section	governing	document?	(i) of your	support?	(i) organiz U.S	.?		oup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No				
otal													

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,758,662.	5,890,641.	4,059,986.	1,841,292.	598,136.	18,148,717.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	5,758,662.	5,890,641.	4,059,986.	1,841,292.	598,136.	18,148,717.
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)						1,828,096.
	Public support. Subtract line 5 from line 4.						16,320,621.
	ction B. Total Support					-	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	5,758,662.	5,890,641.	4,059,986.	1,841,292.	598,136.	18,148,717.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0.0		201	0.45	0.5	0.610
	and income from similar sources	83.	797.	801.	847.	85.	2,613.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	6 750	5 040	40.050	40 40	44 200	46.045
	assets (Explain in Part IV.)	6,758.	5,943.	10,050.	12,187.	11,309.	46,247.
	Total support. Add lines 7 through 10		,				18,197,577.
	Gross receipts from related activities,	•	,			12	3,754.
13	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and storection C. Computation of Publ						P
	Public support percentage for 2013 (l		<u>~</u>	olumn (f))		14	89.69 %
	Public support percentage from 2012					15	92.48 %
	33 1/3% support test - 2013. If the contract of the contract o						
104	stop here. The organization qualifies	•		•			
h	33 1/3% support test - 2012. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
		on oon a		., ,	, SON U	222	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , ,					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
	First five years. If the Form 990 is fo	r the organization's	L s first second thir	L fourth or fifth t	lax vear as a section	n 501(c)(3) organi:	zation
• •		-			year as a section		
Se	ction C. Computation of Publ						<u> </u>
	Public support percentage for 2013 (column (f))		15	%
						16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	13 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2013. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
k	o 33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che		•	-		-	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u></u> ▶∟

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Employer identification number

	Global Action	84-1471157					
Organization type (che	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.					
General Rule							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in momplete Parts I and II.	ioney or property) from any one					
Special Rules							
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contributi	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions f If this box is ch purpose. Do n	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contror use exclusively for religious, charitable, etc., purposes, but these contributions did not to necked, enter here the total contributions that were received during the year for an exclusive of complete any of the parts unless the General Rule applies to this organization because itable, etc., contributions of \$5,000 or more during the year	otal to more than \$1,000. Ply religious, charitable, etc., it received nonexclusively					
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fineet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

84-1471157

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Global Action 84-1471157

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Publically Traded Stock	-	
		\$\$	09/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- -	
		- - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number Global Action 84-1471157 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(1), (8), or (10) organizations mate year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to 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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Inspection Name of the organization Employer identification number Global Action 84-1471157

Pai	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or A	ccounts.Complete if the	_
		organization answered "Yes" to Form 990, Part IV, line	6.			
			(a) Donor advised funds	(I	b) Funds and other accounts	_
1	Total	number at end of year				_
2		egate contributions to (during year)				_
3		egate grants from (during year)				_
4		egate value at end of year				_
5		ne organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed fund	nds	_
		ne organization's property, subject to the organization's	_			0
6		ne organization inform all grantees, donors, and donor ac				_
•		paritable purposes and not for the benefit of the donor or				
						^
Pai		Conservation Easements. Complete if the organization				<u> </u>
1		ose(s) of conservation easements held by the organization		,		_
•		Preservation of land for public use (e.g., recreation or ed	`	toricall	ly important land area	
	一	Protection of natural habitat	Preservation of a certif			
	一	Preservation of open space	i reservation er a serti			
2	Comi	plete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a co	onservation easement on the last	
-		f the tax year.		51 a 00	sheer valien eaconnent on the lact	
	auy c	The tax year.		[Held at the End of the Tax Yea	—
а	Total	number of conservation easements			2a	<u> </u>
h					2b	_
~		per of conservation easements on a certified historic stru			2c	_
d		per of conservation easements included in (c) acquired a		ı	20	_
u		in the National Register		"	2d	
3		per of conservation easements modified, transferred, rele		organ		—
Ü	year		based, extinguished, or terminated by the	organ	nzation during the tax	
4	•	per of states where property subject to conservation eas	ement is located			
5		the organization have a written policy regarding the peri				
٠		ions, and enforcement of the conservation easements it			Yes N	_
6		and volunteer hours devoted to monitoring, inspecting, a				_
7		int of expenses incurred in monitoring, inspecting, and e				
8		each conservation easement reported on line 2(d) above				
Ü		t' 470(I-)(4)(D)(!!)0			Yes N	_
9		rt XIII, describe how the organization reports conservation	on easements in its revenue and expense			•
9		de, if applicable, the text of the footnote to the organization	•		·	
		ervation easements.	orra inariciai statementa triat describes t	inc org	gamzation 3 accounting for	
Pai		Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	ther S	Similar Assets.	_
		Complete if the organization answered "Yes" to Form 9				
1a	If the	organization elected, as permitted under SFAS 116 (ASC		nent ar	nd balance sheet works of art.	_
		rical treasures, or other similar assets held for public exhi	•		-	
		ext of the footnote to its financial statements that describ			,, p,	,
b		organization elected, as permitted under SFAS 116 (ASC		and b	palance sheet works of art, historic	al
-		ures, or other similar assets held for public exhibition, ed				
		ng to these items:	academ, or rescalem in randicalities of pais	J.110 001	rvice, previde the felletting amount	
		evenues included in Form 990, Part VIII, line 1			▶ \$	
						_
2		organization received or held works of art, historical trea				_
_		ollowing amounts required to be reported under SFAS 11		gairi,	provide	
а		nues included in Form 990, Part VIII, line 1			▶ \$	
		s included in Form 990, Part VIII, line 1			. • • <u> </u>	_
	, ,,,,,,,	o molace in rollinooo, rait A			. - 4	

Schedule D (Form 990) 2013 Global Action 84-1471157 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs Public exhibition а b Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes." explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (d) Three years back (c) Two years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) **b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements 116,347 116,125 222 Equipment

Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013 Global Action 84-1471157 Page 3

Scriedule D (Form 990) 2013 Grobat Meeton			0.1	rage v
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)	o Form 990, Part IV (b) Book value			d-of-year market value
(1) = 1 1 1 1 1 1	(b) Book value	(c) Method of	valuation. Cost of end	1-01-year market value
(1) Financial derivatives				
(2) Closely-held equity interests (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to	o Form 990, Part IV			
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	5 000 D 1 N	" 44 LO E 000	D 17 " 45	
Complete if the organization answered "Yes" to	escription	, line 11a. See Form 990,	Part X, line 15.	(b) Book value
	CSCTIPTION			(b) Book value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>	
Part X Other Liabilities.	•		·	
Complete if the organization answered "Yes" to	o Form 990, Part IV	, line 11e or 11f. See For	m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

rai	rt XI Reconciliation of Revenue per Audited Financial	Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b				
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	•			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pa	rt XII Reconciliation of Expenses per Audited Financia	•	ises per Return.	
	Complete if the organization answered "Yes" to Form 990, Part I			
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:	1 1		
а				
b	, , ,			
С				
	,	· · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	<u> </u>		
	Add lines 4a and 4b		 	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ne rs.)	5	
ופשי	rt XIIII SIINNIAMANTSI INTORMSTION			
	rt XIII Supplemental Information.	and 4: Part IV lines 1h and 2h: F	Part V line 4: Part V line 2: Part	VI
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	XI,
Prov			Part V, line 4; Part X, line 2; Part	XI,
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	XI,
Provi lines	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		Part V, line 4; Part X, line 2; Part	XI,
Provi lines	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	XI,
Provi lines Part	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.	Part V, line 4; Part X, line 2; Part	XI,
Provi lines Part	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.	Part V, line 4; Part X, line 2; Part	XI,
Provi lines Part	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.	Part V, line 4; Part X, line 2; Part	XI,
Provi lines Part	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or	de any additional information.	Part V, line 4; Part X, line 2; Part	XI,
Provilines Part The	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or	de any additional information.	Part V, line 4; Part X, line 2; Part	XI,
Provilines Part The	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state	de any additional information.	Part V, line 4; Part X, line 2; Part	XI,
Providences Part The expe	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state	ments when it is	Part V, line 4; Part X, line 2; Part	XI,
Providences Part The expe	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that	ments when it is	Part V, line 4; Part X, line 2; Part	XI,
Providence	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that	ments when it is the position , if any, are	Part V, line 4; Part X, line 2; Part	XI,
Providence	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties	ments when it is the position , if any, are	Part V, line 4; Part X, line 2; Part	XI,
Providence Part The expe	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties	ments when it is the position , if any, are f September 30,	Part V, line 4; Part X, line 2; Part	XI,
Providence Part The expe	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties luded in expenses in the statements of activities. As a	ments when it is the position , if any, are f September 30,	Part V, line 4; Part X, line 2; Part	XI,
Provi lines Part The expe more will incl	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties luded in expenses in the statements of activities. As a	ments when it is the position , if any, are f September 30,	Part V, line 4; Part X, line 2; Part	XI,
Provi lines Part The expe more will incl	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties 1 luded in expenses in the statements of activities. As considered the statements of activities and 4, Global Action had no uncertain tax positions that questions are statements of activities.	ments when it is the position , if any, are f September 30,	Part V, line 4; Part X, line 2; Part	XI,
Provi lines Part The expe more will incl	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties 1 luded in expenses in the statements of activities. As considered the statements of activities and 4, Global Action had no uncertain tax positions that questions are statements of activities.	ments when it is the position , if any, are f September 30,	Part V, line 4; Part X, line 2; Part	XI,
Provi lines Part The expe more will incl	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties 1 luded in expenses in the statements of activities. As considered the statements of activities and 4, Global Action had no uncertain tax positions that questions are statements of activities.	ments when it is the position , if any, are f September 30,	Part V, line 4; Part X, line 2; Part	XI,
Provilines Part The expe	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties 1 luded in expenses in the statements of activities. As considered the statements of activities and 4, Global Action had no uncertain tax positions that questions are statements of activities.	ments when it is the position , if any, are f September 30, alify for	Part V, line 4; Part X, line 2; Part	XI,
Provilines Part The expe	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties luded in expenses in the statements of activities. As a 4, Global Action had no uncertain tax positions that quon equipment or disclosure in the financial statements.	ments when it is the position , if any, are f September 30, alify for	Part V, line 4; Part X, line 2; Part	XI,
Provi	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide t X, Line 2: financial statement effects of a tax position taken or ected to be taken are recognized in the financial state e likely than not, based on the technical merits, that 1 be sustained upon examination. Interest and penalties luded in expenses in the statements of activities. As a 4, Global Action had no uncertain tax positions that quon equipment or disclosure in the financial statements.	ments when it is the position , if any, are f September 30, alify for	Part V, line 4; Part X, line 2; Part	XI,

subject to examination by the IRS, generally for three years after they

Schedule D (Form 990) 2013 Global Action	84-1471157	Page 5
Schedule D (Form 990) 2013 Global Action Part XIII Supplemental Information (continued)		
were filed.		

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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. ➤ See separate instructions.

Open to Public

Employer identification number

OMB No. 1545-0047

Inspection

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Global Action 84-1471157 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

3 Activities per Region. (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
			Grants to recipients		
South Asia	0	0	located in region		72,202.
Russia and			Grants to recipients		
Neighboring States	0	0	located in region		53,435.
Central America and			Grants to recipients		
the Caribbean	0	0	located in region		32,616.
Europe (Including			Grants to recipients		
Iceland & Greenland)	0		located in region		10,244.
					· · ·
0 - 0 - 1 - 1 - 1	0	0			168,497.
3 a Sub-total	- u	<u> </u>			100,49/.
b Total from continuation		0			_
sheets to Part I		0			0.
c Totals (add lines 3a]				160 407
and 3b)	0	0			168,497.

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

Schedule F (Form 990) 2013

 Schedule F (Form 990) 2013
 Global Action
 84-1471157
 Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Pastoral training	72,202.	Wire	0.		
			Pastoral training, teams, & orphan care	53,435.	Wire	0.		
		Central America and the Caribbean	Pastoral training	32,616.	Wire	0.		
2 Enter total number of	recipient organizatio	ons listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt to	Эy
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

2	Entar total	m. imbar	of other	araanizationa	ar antition
J	Enter total	number	or other	organizations	or entitles

<u>Schedule F (Form 990) 2013</u> Global Action 84-1471157 Page **3**

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.

Part III can be duplicated if	additional space is neede	d.			_		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Europe (Including Iceland &						
Missionary Support	Greenland)	1	5,224.	Wire	0.		
-							
					_		
		I	l	l			

Global Action Schedule F (Form 990) 2013

Part	IV F	Foreign Forms		
1	organi	he organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926)	Yes	X No
2	may b Receip	e organization have an interest in a foreign trust during the tax year? If "Yes," the organization e required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and of the officer of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	the or	e organization have an ownership interest in a foreign corporation during the tax year? If "Yes," ganization may be required to file Form 5471, Information Return of U.S. Persons With Respect To n Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	qualifi Inform	the organization a direct or indirect shareholder of a passive foreign investment company or a led electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, leation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.	Yes	X No
5	the or	e organization have an ownership interest in a foreign partnership during the tax year? If "Yes," ganization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain In Partnerships. (see Instructions for Form 8865)	Yes	x No
6		e organization have any operations in or related to any boycotting countries during the tax year? If the organization may be required to file Form 5713, International Boycott Report. (see Instructions		

for Form 5713)

Schedule F (Form 990) 2013

Yes X 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. Part I, Line 2:
Ture 1, Bine 1.
Funds are only given after approval of project(s) and
clarification of relationship between the two organizations. Projects are
visited by the President and International Program Director for
evaluation and reports are received on the project(s) throughout the
year.
Part I, line 3:
Activity is recorded using monthly financial reports that
are submitted and reviewed by our office, using the accrual method of
accounting.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990

Employer identification number Name of the organization Global Action 84-1471157 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual tò (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		or furidialsing event contributions and gr				Tis greater than \$5,000.					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through					
0			MN Golf Tournament	AZ Golf Tournament	1						
			(event type)	(event type)	(total number)	- col. (c))					
Revenue											
eve	1	Gross receipts	40,669.	18,702.	7,520.	66,891.					
ш											
	2	Less: Contributions	34,980.	16,587.	4,015.	55,582.					
	3	Gross income (line 1 minus line 2)	5,689.	2,115.	3,505.	11,309.					
	4	Cash prizes									
"	5	Noncash prizes	2,850.	175.	1,580.	4,605.					
Se				04.0	2 ===	6 045					
çber	6	Rent/facility costs	2,250.	810.	3,755.	6,815.					
Direct Expenses	_		1 100	530.	1,395.	3,025.					
irec	'	Food and beverages	1,100.	550.	1,393.	3,025.					
		Entartainment									
	8	Entertainment Other direct expenses			188.	326.					
	_	Direct expense summary. Add lines 4 through	- 0 in a liverage (al)			14,771.					
	ı	Net income summary. Subtract line 10 from I	lin - 0 li (-1)			<3,462.					
Pa	irt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	, -					
		\$15,000 on Form 990-EZ, line 6a.			•						
			(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add					
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))					
eve											
ш	1	Gross revenue									
S	2	Cash prizes									
Direct Expenses											
χĎ	3	Noncash prizes									
뒃											
Dire	4	Rent/facility costs									
	_	Other diverse and a second									
	5	Other direct expenses		V 0/	W 0/						
	_	Volunteer labor	Yes %	Yes %	Yes %						
	٥	volunteer labor	└── No		└── No						
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•						
	'	bireet expense summary. Add lines 2 through	11 0 111 coldinii (d)								
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		•						
		The garming moonie sammary. Subtract line 7	riorrimio i, colarim (a)								
9	Ent	ter the state(s) in which the organization opera	ates gaming activities:								
a Is the organization licensed to operate gaming activities in each of these states?											
		No," explain:									
	_										
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	Yes No					
b) If "	Yes," explain:									
	_										

Sch	edule G (Form 990 or 990-EZ) 2013 Global Action 84-1	471157		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
12		·· ı		110
	Indicate the percentage of gaming activity operated in:	1.0		0.4
	The organization's facility		-	%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name N			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	······································			
	Name			
	Name P			
	Address ►			
	, <u> </u>			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
h				
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D-	organization's own exempt activities during the tax year > \$		<u> </u>	01 451
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III	, lines 9,	9b, 1	Ub, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

Part I Questions Regarding Compensation

Employer identification number Global Action 84-1471157

Travel for companions Tax indemnification and gross-up payments Discretionary spending account Tay of the boxes on line 1a are checked, did the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)		
First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account X Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)		
Travel for companions Tax indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)		
Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)		
Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		1
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Х	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Х	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		
establish compensation of the CEO/Executive Director, but explain in Part III.		
Compensation committee Written employment contract		
Independent compensation consultant		
Form 990 of other organizations X Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		
organization or a related organization:		
a Receive a severance payment or change-of-control payment? 4a		Х
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b	Ь—	Х
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c		Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the revenues of:		v
a The organization? 5a	 	X
b Any related organization? 5b		
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the net earnings of:		х
a The organization? b Any related organization? 6b	\vdash	X
If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990. Part VII. Section A, line 1a, did the organization provide any non-fixed payments		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		х
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		х
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		
Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 Global Action 84-1471157 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	in prior Form 990
(1)	(i)							
(i	ii)							
	(i) L							
(i								
(
(i								
(
	ii)							
(
	ii)							
	(i)							
	ii)							
	(i)							
(i								
	(i)							
	(i) 							
0								
(i								
	(i) 							
	(i) ::\							
(i								
(i	(i) ::\							
	(i)							
(i								
	'''/						l	l .

Global Action 84-1471157 Schedule J (Form 990) 2013 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part I, Line 1a: A designated minister's housing allowance is provided for the President as a nontaxable benefit.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Global Action

Employer identification number 84-1471157

ı uı	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ilion ai	nount	S
1	Art - Works of art			, , , , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		240.	Cost			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	35,008.	FMV at Time of Sa	ale		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	Х	2	1 520	FMV-Similar Asset	- Co		
25	Other (Software)	Α		1,539.	rmv-Similal Asse	L Sa		
26	Other ()							
27 28	Other ()							
29	Other () Number of Forms 8283 received by the organize	zation durin	the tay year for o	contributions				
23	for which the organization completed Form 828							
	To whom the organization completed from oze	00,1 4111,	Dones / tolanowica	goment			Yes	No
30a	During the year, did the organization receive by	v contributio	on any property rei	oorted in Part I. lines 1 - 28. t	hat it must hold for			
	at least three years from the date of the initial of							
	the entire holding period?			·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard contrib	utions?	31	х	
	Does the organization hire or use third parties of							
	contributions?		-	•		32a		Х
b	If "Yes," describe in Part II.							
	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Employer identification number

Global Action	84-1471157
REASON FOR AMENDMENT	
The original Form 990 filed, unintentionally excluded	
\$293,250 of accounts payable as belonging to foreign NGOs not included	_
in this return. These accounts payable have now been appropriately	_
included.	
Global Action is a nonprofit religious organization,	
incorporated in 1998, whose purpose is to proclaim the Kingdom of God	
in word and deed to people around the world and serve the Church by	
empowering, training, motivating, and mobilizing its people so that	
they become fully devoted followers of Christ.	
Form 990, Part III, Line 4d, Other Program Services:	
Miscellaneous Programs including Teams and Missions Support.	
Expenses \$ 150,854. including grants of \$ 0. Revenue \$ 0.	
Form 990, Part V, Line 4b, List of Foreign Countries:	
Nepal, Sri Lanka, El Salvador, Honduras,	
United Kingdom, Ukraine, India, Sweden	
Form 990, Part VI, Section A, line 2:	
Board Member Ted Long is the father of President, Phillip	
Long.	

Name of the organization Global Action	84-1471157
The Form 990 was prepared by an independent CPA firm, then	
reviewed by the finance department and President, before being emailed to	
the board for their review prior to filing with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Directors and officers are required to disclose potential	
conflicts of interest at each of the organizations quarterly board	
meetings. The executive and finance team monitors all transactions to	
determine that they are in compliance with the organizations conflict of	
interest the policy. If a conflict is determined to exist, interested	
parties are required to excuse themselves from the discussions and any	
following vote of the board.	
Form 990, Part VI, Section B, Line 15:	
The process for determining compensation of the organization's	
president, and any other corporate officers, includes a review of	
comparability data. Recommendation are made by board members and are	
approved by the full board of directors. All voting members are	
independent and results are documented in the minutes.	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
CO,TN,NH,MD,WI,WA,AK,MS,NY,VA,HI,KY,MO,NC,UT,MN	
Form 990, Part VI, Section C, Line 19:	
These documents are available upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	

 ${\tt Removal \ of \ foreign \ NGOs \ from \ audited \ financial \ statements}$

-484,561.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization Global Action	Employer identification number 84-1471157
GIODAI ACTION	04-14/113/
Form 990 Part XII Line 2c - Explanation of Responsibility:	
The finance & audit committee of the board is responsible	
for oversight of the review process and selection of the independent	
accounting firm used. This process has not changed from the prior	
year.	