

August 15, 2019

Global Action PO Box 51063 Colorado Springs, CO 80949

Dear Rich:

Enclosed are the following income tax returns prepared on behalf of Global Action for the year ended September 30, 2018.

2017 990 - Return of Organization Exempt from Income Tax
2017 8879-EO - IRS E-file Signature Authorization Form
2017 Schedule A - Public Charity Status and Public Support
2017 Schedule B - Schedule of Contributors
2017 Schedule D - Supplemental Financial Statements
2017 Schedule F - Statement of Activities Outside the United States
2017 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
2017 Schedule O - Supplemental Information to Form 990 or 990EZ

The above mentioned returns will be electronically filed. The efile authorizations should be signed and dated according to the filing instructions included with the copy of the return. This copy is for your use and should be retained for your files.

The enclosed returns were prepared primarily from data and information which you submitted. Please review the returns to ensure that there are no omissions or misstatements. Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 and Schedules must be made available for public inspection for a period of three years from the date of filing. Please visit the Not-for-Profit Services page on our website <u>www.skrco.com</u> for information regarding Federal disclosure and Colorado registration requirements, additional rules and applicable penalties for noncompliance.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.



Enclosures

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVE, SUITE 400 COLORADO SPRINGS, CO 80903 Fax: 719-630-1187

Global Action Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended September 30, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS CO 80903

Fax to: 719-630-1187 Attn: E-file Desk

Email to: Visit https://www.skrco.com/client-center/

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before August 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 10/01, 2017, and ending 09/30**Do not send to the IRS. Keep for your records.**

Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

84-1471157

₂₀_18

Name of exempt organization GLOBAL ACTION

Name and title of officer

Department of the Treasury

Internal Revenue Service

RICH SMITH, COO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	594,356.
2a	Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize	STOCKMAN	KAST	RYAN	&	CO,	LLP	 to enter	my PIN	7	1	1	5	7	as my	signature
		ERC	O firm name	9								nbers II zer			

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature	Date ▶ 08/15/2019
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	8 4 3 5 5 6 0 9 5 8 4
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electindicated above. I confirm that I am submitting this return in accordance with the require Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	
ERO's signature DOWENB Menz	Date ▶ 08/15/2019
0	
ERO Must Retain This Form - See Instru Do Not Submit This Form To the IRS Unless Req	
For Paperwork Reduction Act Notice, see back of form.	Form 8879-EO (2017)
JSA	

7E1676 1.000

FYE 9/30

Form	9	9	0

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public

	For the			dar year, or tax year beginning	10/0		, and end			09/	30, 20	18	lion
				ne of organization	- , -	,		<u> </u>	D Employer ide				
B	Check if ap	plicable:		OBAL ACTION					84-147	L157			
Х	Addre chang		Doin	ng business as									
		change	Num	nber and street (or P.O. box if mail is	not delivered to street address)		Room/sui	te	E Telephone nu	nber			
	Initial	-	PO	BOX 51063					(719) 52	8-87	28		
	Final		City	or town, state or province, country, a	and ZIP or foreign postal code								
	termir Amen return	ded	CO	LORADO SPRINGS, CO	80949				G Gross receipts	\$		600	,246.
	Applic	ation	F Nam	ne and address of principal officer:	RICH SMITH				H(a) Is this a grou		for	Yes	XN
		ig	PO	BOX 51063 COLORADO	SPRINGS, CO 8094	49			subordinates H(b) Are all subord		ded?	Yes	
1	Tax-ex	empt st	atus:	X 501(c)(3) 501(c) () 4 (insert no.) 4	1947(a)(1)	or	527	If "No," att			ructions)	
J	Websi	te: 🕨	WWW.	GLOBALACTION.COM				-	H(c) Group exem	otion num	ber 🕨		
к	Form o	of organ	nization:	Corporation Trust	Association Other		L Ye	ar of format	tion: 1998 M			micile:	
	art I		ımmar										
				ribe the organization's mission o	r most significant activities:	OUR M	ISSION	IS TO	SEE THE	GREA	Г		
e				ION FULFILLED BY TRA									
and		CHA	NGIN	G THE WORLD.									
ern	2	Check	k this b	ox I if the organization d	liscontinued its operations	or dispos	ed of more	than 25%	of its net assets	 S.			
Governance				oting members of the governing						3			11.
				ndependent voting members of t						4			11.
ties				er of individuals employed in cale						5			4.
Activities &				er of volunteers (estimate if neces						6			25.
Ac				ted business revenue from Part V						7a			0.
				d business taxable income from						7b			
									Prior Year		Curr	rent Y	ear
Revenue	8	Contr	ibution	s and grants (Part VIII, line 1h)					487,57	8.		596	,861.
	9			vice revenue (Part VIII, line 2g)						0.			0.
	10			ncome (Part VIII, column (A), line					5	6.			452.
Ř	11			ue (Part VIII, column (A), lines 5,					15,32	5.		-2	,957.
				ie - add lines 8 through 11 (must					502,95	9.		594	,356.
				similar amounts paid (Part IX, col					166,10	0.		194	,730.
				d to or for members (Part IX, colu						0.			0.
s	45			ner compensation, employee ben					154,53	4.		158	,239.
Expenses	16a			I fundraising fees (Part IX, columr						0.			0.
xpe	b			ising expenses (Part IX, column (79,589		-					
ш	17			ses (Part IX, column (A), lines 11				_	119,54	2.		159	,899.
				ses. Add lines 13-17 (must equal					440,17	6.		512	,868.
	19			s expenses. Subtract line 18 from					62,78	3.		81	,488.
oces									ning of Current Y	'ear	End	of Yea	ır
sets	20 21 22	Total	assets	(Part X, line 16)					164,54	2.		140	,520.
Asse	21			es (Part X, line 26)					119,65	0.		14	,140.
Pupt	22			or fund balances. Subtract line 21					44,89	2.		126	,380.
Pa	art II	Sig	gnatur	re Block									
Un tru	der per e, corre	alties of ct, and	of perjur comple	ry, I declare that I have examined th te. Declaration of preparer (other than	is return, including accompany n officer) is based on all informa	ying sched ation of wh	ules and st ich prepare	atements, a r has any ki	and to the best of nowledge.	my kno	owledge	and be	∍lief, it is
									08/1	5/201	19		
Sig	-		Signatu	ure of officer					Date				
He	re		RICH	SMITH	C	200							
			Type or	r print name and title									
	_	Print/	Type pr	reparer's name	Preparer's signature		Date		Check	if PTI	N		
Paio		DOR	EEN H	B MERZ			08/	15/201			P008-	4143	9
	parer	Firm's	s name	►STOCKMAN KAST RYA	N & CO, LLP				Firm's EIN 🕨 8	4-15	09584	1	
USE	e Only			s ▶102 N. CASCADE AVENUE, SU	JITE 400 COLORADO SPRING	s, co 80	903				30-11		
Ma	y the			s this return with the prepare							X Ye	es	No
				tion Act Notice, see the separat) (2017)
	-			-									

	GLOBAL ACTION	84-1471157
orm 990 (2 Part III	Statement of Program Service Accomplishments	Page 2
	Check if Schedule O contains a response or note to any line in this Part III	X
	v describe the organization's mission: ACHMENT 1	
AII	ACAMENI I	
Did th	e organization undertake any significant program services during the year which were not liste	ed on the
	Form 990 or 990-EZ? s," describe these new services on Schedule O.	Yes X No
	ne organization cease conducting, or make significant changes in how it conducts, any	program
service	es?	
	s," describe these changes on Schedule O. ibe the organization's program service accomplishments for each of its three largest progra	m convision on managered by
expen	ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grad tal expenses, and revenue, if any, for each program service reported.	
a (Code	:) (Expenses \$ 193,248. including grants of \$ 168,623.) (Revenue \$)
	NING PROGRAMS:	, ,
GLOB.	AL ACTION'S TRAINING PROGRAM IS CALLED GLOMOS. IT STANDS FOR	
GLOB.	AL MODULE STUDIES. THE PROGRAM TEACHES PASTORS WHO HAVE NOT	
HAD .	ANY FORMAL BIBLE SCHOOL TRAINING. IT IS A 9 MONTH COURSE THAT	
TEAC	HES BIBLICAL BASICS AND IS NONDENOMINATIONAL. THE GOAL IS	
	IPLICATION IN THAT THESE PASTORS THEN TRAIN OTHERS IN THEIR	
	S AND VILLAGES. COURSES ARE TAUGHT IN CENTRAL AMERICA, EASTERN	
EURO	PE, AND CENTRAL ASIA	
b (Code	:) (Expenses \$ 94,331. including grants of \$ 17,156.) (Revenue \$	
•	STRY COORDINATION:)
GLOB	AL ACTION MAINTAINS FOUR INTERNATIONAL OFFICES WORLDWIDE.	
	E OFFICES ARE HEADQUARTERS FOR PROJECTS IN EACH OF THEIR	
	ECTIVE COUNTRIES. GLOBAL ACTION PROVIDES MINISTRY AND PROJECT	
SUPP	ORT FOR EACH OFFICE AS PART OF IT'S PROGRAM SERVICES, THIS	
SUPP	ORT ALLOWS THE OFFICES TO HIRE LOCALLY THEREBY SUPPORTING THE	
LOCA	L COMMUNITY (VARIOUS PROJECT AREAS) AS PART OF ITS OUTREACH.	
	:) (Expenses \$s,301. including grants of \$s,950.) (Revenue \$ ASSION & YOUTH PROGRAMS:)
GLOB.	AL ACTION HAS MANY COMPASSION PROGRAMS WITH THE MAIN FOCUS	
	G ON ORPHANS AND MARGINILIZED. WE PROVIDE NUMEROUS CAMPS	
	NG THE SUMMER AND CHRISTMAS MONTHS ALLOWING CHILDREN TO BE IN	
	VING ENVIRONMENT WHERE THEY ARE CARED FOR, ENCOURAGED, AND	
-	HT LESSONS FROM THE BIBLE. WE ALSO HELP LOCAL CHURCHES WITH	
RELI	EF IN THEIR COMMUNITIES, BOTH CHRISTIANS AND NON-CHRISTIANS.	
	program services (Describe in Schedule O.)	
· ·	nses \$ including grants of \$) (Revenue \$) program service expenses ► 295,880.)
A		Form 990 (2017)
E1020 1.000 3 3	52ME P091 8/15/2019 3:14:51 PM V 17-7.10 FYE 9/30	PAGE

Form 990 (2017)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
Ŭ	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)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
F		4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			v
	Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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
~	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
h	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u		114		х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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
		1.0		

Form **990** (2017)

Form 990 (2017)

Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	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			
240	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a	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	254		
b	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	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,			
20	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
b	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
-	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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 Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note, All Form 990 filers are required to complete Schedule Q.	38	Х	

Form **990** (2017)

Form 990 (2017)

Page 5

Par				37
	Check if Schedule O contains a response or note to any line in this Part V		Yes	_ X
4.5	Enter the number reported in Box 3 of Form 1096. Enter -0 , if not applicable $1a$		162	NO
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a2Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ATTACHMENT 2			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	c h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		x
h	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U	required to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0			
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Form §	990 (2017) GLOBAL ACTION 84-1472	L157	F	Page 6				
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	and	for a	"No"				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.				
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sect	ion 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 11							
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	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		X				
8								
	the year by the following:							
а	The governing body?	8a 8b	X X					
b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37				
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	·	Х				
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No				
		10a		X				
	Did the organization have local chapters, branches, or affiliates?	TVa						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b						
44.5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a								
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give							
D	rise to conflicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
U	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					
b	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						
Sect	ion C. Disclosure	TTO: -	77					
17	List the states with which a copy of this Form 990 is required to be filed AK, KY, MD, MN, MS, MO, NH, NC, TN	, 01, 1	/A,					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c	c)(3)s	only)				
	available 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)							
40			¹²					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and				
20	financial statements available to the public during the tax year.	o : 🕨						
20	State the name, address, and telephone number of the person who possesses the organization's books and record TENFOLD 18940 BASE CAMP ROAD MONUMENT, CO 80132	э. 🖻						
JSA		Form	990	(2017)				

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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.

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

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

					C)					
(A)	(B)	(10.1	4 1		ition			(D)	(E)	(F)
Name and Title	Average					e than o is both		Reportable compensation	Reportable compensation from	Estimated amount of
	hours per week (list any					or/trust		from	related	other
	hours for		_					the	organizations	compensation
	related	. dire	stitu	Officer	ey ei	nplo	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional	-	Key employee	Highest co employee	Ť	(W-2/1099-MISC)		organization and related
	line)	trus	al tru		yee	ompe				organizations
		lee	trustee			compensated 9e				
						ted				
(1)SCOTT DICKSON	5.00									
BOARD TREASURER	0.	x		х				0.	0.	0.
(2)DR. RICK THOMPSON	5.00									
BOARD MEMBER/ PRESIDENT	0.	Х		Х				0.	0.	0.
(3)BARRY FLUTH	5.00									
BOARD MEMBER	0.	X		Х				0.	0.	0.
(4)RJ KOERPER	40.00									
VP OF CURRICULUM	0.	Х		Х				0.	0.	0.
(5)PHIL EPHRAIM (CURRENT)	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(6)JEFF PETERSON (CURRENT)	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)PHILLIP LONG	40.00									
BOARD MEMBER	0.	Х		Х				0.	0.	0.
(8)ATANAS LAZAROV	40.00	-								
VP OF FINANCE	0.	Х		Х				55,450.	0.	12,446.
(9)BRIAN BANKS	5.00							_		_
BOARD MEMBER	0.	X						0.	0.	0.
(10) J.W. OLIVER	5.00									
BOARD MEMBER	0.	X						0.	0.	0.
(11)BOB SMITH	5.00							0	0	0
BOARD MEMBER	0.	X						0.	0.	0.
(12)DR. SUJAI SUNEETHA	5.00							0	0	0
BOARD MEMBER		X						0.	0.	0.
(13)J.P. WILSON BOARD MEMBER	5.00	v						0.	0.	0.
(14)RICH SMITH	40.00	X						0.	0.	0.
CHIEF OPERATING OFFICER	40.00	-		х				0.	0.	0.
CHIEF OFERALING OFFICER	0.			л				0.	0.	0.

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EXE. VP & CHIEF DEV. OFFICER. 0. X 0. 0. Image: Stress of the stress of	Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employe	:es (c	ontinue	d)
restance 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Average hours per week (list any	box,	unles	Pos neck ss pe	ition more erson	is both a tor/truste	an ee)	Reportable compensation from	Reportabl compensation related	from	Esti amo o	imated ount of ther
EXE. VF & CHIEF DEV. OFFICER. 0. 0. 0. 0. EXE. VF & CHIEF DEV. OFFICER. 0. 0. 0. 0. Image: Chief Dev. OFFICER. 0. 0. 0. 0. 0. Image: Chief Dev. OFFICER. 0. 0. 0. 0. 0. 0. Image: Chief Dev. OFFICER. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. </td <td></td> <td>organizations below dotted</td> <td>Individual trustee or director</td> <td>Institutional trustee</td> <td>Officer</td> <td>Key employee</td> <td>Highest compensated employee</td> <td>Former</td> <td>organization</td> <td></td> <td></td> <td>orga and</td> <td>nization related</td>		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization			orga and	nization related
In the second seco	15) DR. LIONEL YOUNG	40.00											
C Total from continuation sheets to Part VII, Section A 0 12,444 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 12,444 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes N 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 2 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 2 5 Did any person listed on line 1a receive or accrue compensation from the organization's tax year. 6 2 2 2	EXE. VP & CHIEF DEV. OFFICER.	0.	-		X				0.		0.		0
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0. Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, S	ection A							0.		0.		L2,446. 0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not	limited to t	hose	liste				o re		\$100,000 of			,
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo ule J for sue	or, or ch ind	tru Iividu	iste <i>Jal</i>	e,	key e	mp	loyee, or highes	compensat	ed		Yes No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 2 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Compensation (A) (B) (C) Compensation Compensation Compensation Name and business address Description of services Compensation Compensation (A) (C) Compensation Compensation Compensation (A) (B) (C) Compensation Compensation (A) (B) (C) Compensation Compensation (A) (B) (C) Compensation Compensation (B) (C) (C) Compensation Compensation (A) (B) (C) (C) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C	organization and related organizations groups	eater than	\$15	50,0	00?	p If	"Yes	," (complete Schedu	le J for su	ıch	4	x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calen	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	fron	n any	uni	related organization	on or individ	ual	5	X
Name and business address Description of services Compensation	1 Complete this table for your five highest com compensation from the organization. Report of												
2 Total number of independent contractors (including but not limited to those listed above) who received		lress								rvices	C		ation
2 Total number of independent contractors (including but not limited to those listed above) who received													
more than \$100,000 in compensation from the organization > 0.					niteo	d to	thos	e li	isted above) who	received			

Form 990 (2017)

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	Check if Schedule O contains a response or note to any				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
station 1a	Federated campaigns 1a				
d Nou	Membership dues				
r An c	Fundraising events 1c 66,657.				
Contributions, Girts, Grants and Other Similar Amounts * 6 J a p a q t	Related organizations 1d				
e Sil	Government grants (contributions) 1e				
t le t	All other contributions, gifts, grants, and similar amounts not included above . 1f 530,204.				
	Noncash contributions included in lines 1a-1f: \$ 47,956.				
g a g		596,861.			
	Business Code				
Program Service Revenue b a p c d e b d a b					
a b					
o <u>Zi</u>					
b S					
e au					
ຍິ f	All other program service revenue				
	Total. Add lines 2a-2f	0.			
3	Investment income (including dividends, interest,	44.			44
4	and other similar amounts).	0.			
5	Royalties	0.			
	(i) Real (ii) Personal				
6a	Gross rents				
b	Less: rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss)	0.			
7a	Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
b	Less: cost or other basis				
	and sales expenses				
c d	Gain or (loss)	408.			408
	Gross income from fundraising				
Other Revenue	events (not including \$66,567. ATCH 3				
leve	of contributions reported on line 1c).				
e F	See Part IV, line 18				
d GF	Less: direct expenses b 5,890.				
c	Net income or (loss) from fundraising events ▶	-2,957.			-2,957
9a	Gross income from gaming activities.				
	See Part IV, line 19				
b	Less: direct expenses	0.			
C 100	Net income or (loss) from gaming activities▶	0.			
10a	Gross sales of inventory, less returns and allowances a				
b	Less: cost of goods sold b				
c		0.			
	Miscellaneous Revenue Business Code				
11a					
b					_
c					
d	All other revenue				
e	Total. Add lines 11a-11d	0.			0.515
12 JSA	Total revenue. See instructions.	594,356.			-2,505 Form 990 (2017)

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Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	194,730.	194,730.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,			22 622	10 10
trustees, and key employees	55,450.	22,632.	22,632.	10,18
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	0			
persons described in section 4958(c)(3)(B)	0.	20.005	00.070	0.47
7 Other salaries and wages	57,558.	29,006.	20,073.	8,47
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.	10.000	0.000	0.50
9 Other employee benefits	37,326.	19,652.	8,977.	8,69
0 Payroll taxes	7,905.	3,340.	1,283.	3,28
1 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	35,046.		35,046.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
2 Advertising and promotion	0.			
3 Office expenses	13,297.	560.	3,462.	9,27
4 Information technology	11,135.		11,135.	
5 Royalties	0.			
6 Occupancy	7,996.		7,996.	
7 Travel	33,291.	25,814.	6,826.	65
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
0 Interest	0.			
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	0.			
3 Insurance	260.		260.	
4 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.)				
aDONOR DEVELOPMENT	13,926.			13,92
bSTAFF CARE	183.		183.	
cGLOMOS	25,093.			25,09
dSTATE REGISTRATION	3,405.		3,405.	
e All other expenses	16,267.	146.	16,121.	
5 Total functional expenses. Add lines 1 through 24e	512,868.	295,880.	137,399.	79,58
 6 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)	0			

0.

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Form 990 (2017)

following SOP 98-2 (ASC 958-720)

84-1471157

art X				r
	Check if Schedule O contains a response or note to any line in this P			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	88,845.	1	93,87
2	Savings and temporary cash investments	32,052.	2	
3	Pledges and grants receivable, net	0.	3	
4	Accounts receivable, net	0.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	
2 7		0.	7	
2002 7 8	Notes and loans receivable, net	0.	8	
2 8 9	Inventories for sale or use Prepaid expenses and deferred charges	0.	9	
-	Land, buildings, and equipment: cost or	0.	3	
IVa	other basis. Complete Part VI of Schedule D 10a 71, 522.			
h	Less: accumulated depreciation	42,339.	100	46,24
11	Investments - publicly traded securities	0.		
12	Investments - other securities. See Part IV, line 11	0.		
13	Investments - program-related. See Part IV, line 11	0.		
14	Intangible assets	0.		
15	Other assets. See Part IV, line 11	1,306.		39
16	Total assets. Add lines 1 through 15 (must equal line 34)	164,542.	16	140,52
17	Accounts payable and accrued expenses	23,838.		14,14
18	Grants payable	0.		
19	Deferred revenue	0.	19	
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L	95,812.	22	
¹ 23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25.	119,650.	26	14,14
200	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright x and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	-24,528.	27	79,96
28	Temporarily restricted net assets	69,420.	28	46,41
29	Permanently restricted net assets	0.	29	
27 28 29 30 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	44,892.	33	126,38
34	Total liabilities and net assets/fund balances	164,542.	34	140,52

Form **990** (2017)

84-1471157

Form 99	90 (2017)			Pa	ge 12
Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI.	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		94,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		81,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		44,8	
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>33,</u> column (B))	10	1	26,3	880.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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 acc	countant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the			_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	0	3b		
			Form	990	(2017)

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(Form	990	or	990-EZ)

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3352ME P091 8/15/2019

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.

OMB No. 1545-0047

		of the Treasury enue Service		Go to www.irs.go	ov/Form990 for instruct	ions and	the latest	information.	Inspection
Name	e of the	organization						Employer identifi	cation number
GLC	BAL	ACTION						84-14711	
Pa					organizations must o			· ·	j
			•		is: (For lines 1 through			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-		rganization described				
4			-	-	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(III). Enter the
F			ne, city, and st		a collega or universit		doropo	roted by a governme	ental unit described in
5		-	-	Complete Part II.)	a college of universit	y owne	u or ope	rated by a governme	intal unit described in
6		-			rnmental unit describe	d in sect	tion 170(b)(1)(A)(y)	
7			-				-		om the general public
•		-		(1)(A)(vi). (Compl	-		oni a go		on the general public
8					b)(1)(A)(vi). (Complete	Part II)			
9		-		-	ed in section 170(b)(1			l in conjunction with a	land-grant college
-		•			griculture (see instruct				• •
		university:		0 0 0		,			5
10 11	r s	eceipts from support from acquired by th	activities rela gross investme organizatio	ted to its exempt f nent income and u n after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
12	<u> </u>	An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
	c	of one or mor	re publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		່ Type I . A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		supporting o	organization.	You must complet	e Part IV, Sections A	and B.			
b					ed or controlled in co				
					organization vested in	the sam	e persor	is that control or man	age the supported
		-		-	, Sections A and C.				
С					ng organization opera				lly integrated with,
			-		ns). You must comple				
d			-		porting organization o	-			
			-		nization generally mus	-			d an attentiveness
-		1.		,	omplete Part IV, Sect				
e			-		a written determinatic ionally integrated sup				п, туре п
f	Ente				ionally integrated sup		Jiyanizai	ion.	
					orted organization(s).				
		me of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	.,				(described on lines 1-10		our governing	support (see	other support (see instructions)
					above (see instructions))	Yes	ment? No	instructions)	instructions)
(• •									
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For F	Paperw	ork Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2017

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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	598,136.	720,636.	525,823.	508,305.	596,861.	2,949,761.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	598,136.	720,636.	525,823.	508,305.	596,861.	2,949,761.
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).						0.
6	Public support. Subtract line 5 from line 4						2,949,761.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	598,136. 85.	720,636. 78.	525,823. 67.	508,305. 56.	596,861. 44.	2,949,761. 330.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	11,309.	5,449.	113,118.	15,325.	2,933.	148,134.
11	Total support. Add lines 7 through 10						3,098,225.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2017 (lin	ne 6, column (f)	divided by line	11, column (f)) .		14	95.21%
15	Public support percentage from 2016					15	96.36 %
16a	331/3% support test - 2017. If the org	-					
	box and stop here. The organization qu			-			
b	331/3% support test - 2016. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	
	Part VI how the organization meets to organization						►
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the orga						-
4.6	Explain in Part VI how the organization supported organization						· ► 🗌
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(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 performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513 .								
4	Tax revenues levied for the								_
	organization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								_
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3								_
	received from disqualified persons								
b	Amounts included on lines 2 and 3								_
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b.								_
8	Public support. (Subtract line 7c from								_
	line 6.)								
Sec	tion B. Total Support			•					_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total	
9	Amounts from line 6								_
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar								
	sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
с	Add lines 10a and 10b								_
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is regularly								
10	carried on								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								—
15	and 12.)								
14	First five years. If the Form 990 is fo	r the organiza	tion's first spec	nd third fourth	or fifth tax y	l Aar as a			—
	organization, check this box and stop here .	0	,						٦
Sec	tion C. Computation of Public Supp					<u></u>			
15	Public support percentage for 2017 (line 8,			mn (f))		15		%	,
16	Public support percentage from 2016 Sched					16		%	
	tion D. Computation of Investment					1			_
17	Investment income percentage for 2017 (lin			13. column (f))		17		%	, ,
18	Investment income percentage from 2016 S		•			18		%	
	331/3% support tests - 2017. If the org					· · · · ·			
. . u	17 is not more than 331/3%, check this								٦
h	331/3% support tests - 2016. If the organ	-	-				-	-	
5	line 18 is not more than 331/3%, check								٦
20	Private foundation. If the organization d						-		+
JSA				,,) or 990-EZ) 20)17
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4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

84-1471157

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

10b Schedule A (Form 990 or 990-EZ) 2017

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Page 5

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sectio	on B. Type I Supporting Organizations		V	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations		Vaa	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the			
	reasons for the organization's position that its supported organization(s) would have been engaged in the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

JSA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, , , ,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2017

Part Sect	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			Current real
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity	54		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ŭ	(provide details in Part VI). See instructions.	the organization is roop		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Page 8

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME

SPECIAL EVENTS

- 2012 AMOUNT: \$12,187
- 2013 AMOUNT: \$11,309
- 2014 AMOUNT: \$5,449
- 2015 AMOUNT: \$5,734
- 2016 AMOUNT: \$15,325
- 2017 AMOUNT: \$2,993

SCHEDULE A, PART II -	OTHER INCOME	-				
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
FUNDRAISING INCOME			5,734.	15,325.	2,933.	23,992.
CANCELATION OF DEBT			107,384.			107,384.
TOTALS			113,118.	15,325.	2,933.	131,376.

84-

ATTACHMENT 1

JSA 7E1225 1.000

Schedule B

(10mm 330, 330-LZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL ACTION

Organization type (check one):

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

84-1471157

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	NATIONAL CHRISTAIN FOUNDATION		Person X		
	11625 RAINWATER DR.	\$60,000.	Payroll Noncash		
	SUITE 500 ALPHARETTA GEORGIA 30009		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	FIDELITY CHARITABLE GIFT FUND		Person		
	PO BOX 770001	\$67,640.	Payroll Noncash		
	CINCINNATI, OH 45277		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	VERTICAL CHURCH		Person		
	225 MELOY ROAD	\$77,982.	Payroll Noncash		
	WEST HAVEN, CT 06516		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	PHILIP & NIKKI EPHRAIM		Person		
	1800 ASBURY	\$\$	Payroll Noncash		
	EVANSTON, IL 60201-3504		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5_	ROBERT & THERESA BAKER		Person		
	5358 S VIA DE RICO	\$12,000.	Payroll Noncash		
	GOLD CANYON, AZ 58118		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	INFAITH COMMUNITY FOUNDATION		Person		
	625 4TH AVE S, STE 1500	\$13,200.	Payroll Noncash		
	MINNEAPOLIS, MN 55415-1604		(Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	MR. & MRS. BARRY FLUTH		Person X		
	2215 EAST CORTEZ DRIVE	\$\$	Payroll Noncash		
	GILBERT, AZ 85234		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	MR. JEFFREY PETERSON		Person		
	2919 GREGORY DRIVE	\$13,850.	Payroll Noncash		
	BILLINGS, MT 59102		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9_	L. DUNBERG		Person		
	PO BOX 51063	\$35,313.	Payroll X		
	COLORADO SPRINGS, CO 80949		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part II

(a) No.

from

Part I

7E1254 1.000 3352ME P091 8/15/2019 3:14:51 PM V 17-7.10 FYE 9/30

84-1471157

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

		\$	
(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
		 \$	

Employer identification number

(c)

FMV (or estimate)

(See instructions.)

(d)

Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page 4
Name of organization GLOBAL ACTION	Employer identification number
	84-1471157

Part III	<i>Exclusively</i> religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ions completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	-	nship 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, ar	nd ZIP + 4	Relatio	nship 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		Relatio	nship of transferor to transferee		
JSA 7E1255 1.000				Schedule B (Form 990, 990-EZ, or 990-PF) (2017)		

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

			the organization answered "Yes" on Form 990, ', 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2017	
			Attach to Form 990.	01 120.		Open to Public	
	nal Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the latest inf	ormatior			
Nam	e of the organization			En	nployer identifica	tion number	
GL(OBAL ACTION				84-14711	57	
Pa			ised Funds or Other Similar Funds	or Acc	ounts.		
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.				
			(a) Donor advised funds		(b) Funds and	other accounts	
1	Total number at e	nd of year					
2	Aggregate value o	of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	at end of year					
5	-		advisors in writing that the assets he				
	-		e organization's exclusive legal control?			Ves No	
6	-	-	and donor advisors in writing that grant				
	-		fit of the donor or donor advisor, or fo				
			<u> </u>			Yes No	
Pa		tion Easements.					
			"Yes" on Form 990, Part IV, line 7.				
1		•	organization (check all that apply).	<i>,</i> ,	· . · · ·		
		n of land for public use (e.g., rec			,	portant land area	
		of natural habitat		on of a d	certified histor	ric structure	
2		n of open space	ald a gualified concernation contribution	in the f	form of a con-	o an votion	
2	-		eld a qualified conservation contribution	In the I		End of the Tax Year	
		ast day of the tax year.		0-	Tield at the		
a				2a			
b				2b			
C			historic structure included in (a)	2c			
d			e) acquired after 7/25/06, and not on a	2d			
3		-	sferred, released, extinguished, or tern	-	by the organ	vization during the	
3	tax year ►	rvation easements modified, trai	isteried, released, extinguistied, or term	mateu	by the organ	lization during the	
4		where property subject to conse	rvation easement is located				
5			garding the periodic monitoring, inspe	ction	handling of		
5	-		sements it holds?		-		
6			ting, handling of violations, and enforcing of				
Ū		nours devoted to monitoring, inspec	ang, hanaling of violations, and emotoring e	01130174		during the year	
7	Amount of expens	es incurred in monitoring inspec	ting, handling of violations, and enforcing	consei	vation easem	ents during the year	
•	►\$					onto a annig the year	
8			2(d) above satisfy the requirements of se	ction 17	′0(h)(4)(B)(i)		
9	In Part XIII, descri	be how the organization reports	conservation easements in its revenue a	and expe	ense statemer	nt, and	
	balance sheet, an	d include, if applicable, the text of	of the footnote to the organization's fina	ncial sta	atements that	describes the	
		ounting for conservation easeme					
Pa	art III Organiza	tions Maintaining Collections	of Art, Historical Treasures, or Otl	ner Sim	nilar Assets.	1	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.				
1a	If the organizatior works of art, hist public service, pro	n elected, as permitted under SF orical treasures, or other simila vide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in it ar assets held for public exhibition, e potnote to its financial statements that d	s rever ducation escribe	nue statement n, or researc s these items.	t and balance sheet h in furtherance of	
b	If the organization works of art, hist	n elected, as permitted under S	SFAS 116 (ASC 958), to report in its ar assets held for public exhibition, e	revenu	ue statement	and balance sheet	
		•			►\$		
2			rt, historical treasures, or other simila				
	following amounts	s required to be reported under S	FAS 116 (ASC 958) relating to these ite	ms:			
а	Revenue included	on Form 990, Part VIII, line 1.			►\$		
b	Assets included in	Form 990. Part X			▶ \$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.										
JSA										
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	3352ME	P091	8/15/2019	3:14:51	PM V	17-7.10	FYE 9/30			

Schedule D (Form 990) 2017

Schee	dule D (Form 990) 2017												age 2
Par	t III Organizations Maintaini	ng Colle	ections of	Art, Hist	orical T	reasur	es,	or Otł	ner Similar	Asse	ts (cont	inue	d)
3	Using the organization's acquisition	on, acces	sion, and o	other recor	ds, chec	k any c	of the	follow	ing that are	a sigr	nificant u	se of	f its
	collection items (check all that app	ly):											
а	Public exhibition			d	Loan	or excha	ange	prograi	ms				
b	Scholarly research			e	Other								
с	Preservation for future gene	rations											
4	Provide a description of the organ	nization's	collections	s and expla	ain how t	they fui	rther	the or	ganization's	exemp	t purpose	e in I	Part
	XIII.			•						•			
5	During the year, did the organization	on solicit	or receive of	donations o	f art, hist	orical tr	easu	res, or	other similar				
	assets to be sold to raise funds rath										Yes		No
Par	t IV Escrow and Custodial Ar					0							
	Complete if the organization	•		s" on Forn	n 990, P	art IV, I	line §), or re	ported an a	amoun	t on Fori	n	
	990, Part X, line 21.				,	,		,					
1a	Is the organization an agent, truste	e. custo	dian or othe	er intermed	liarv for c	ontribu	tions	or othe	r assets not				
	included on Form 990, Part X?				-					Г	Yes		No
b	If "Yes," explain the arrangement i									•• -			
		art / a			le trang tea				Am	ount			
с	Beginning balance						1c			<u></u>			
d	Additions during the year						1d						
۵ ۵	Distributions during the year						1e						
f	Ending balance						1f						
2a								stodial	account liabil	litv?	Yes		No
	If "Yes," explain the arrangement i									-		\square	110
Par					Apialiation	11100 00		ovided	onnartyan			•	
T ai	Complete if the organizat	tion answ	wered "Ye	s" on Form	990 P	art IV I	ine 1	0					
			rrent year	(b) Pric		(c) Tw			(d) Three year	rs back	(e) Four y	ears h	ack
4 -		(-,		(,		(0) 11			(,		(-,		
1a	0 0 7												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage				e (line 1g,	columr	ו (a))	held as	:				
а	Board designated or quasi-endown			_%									
b	Permanent endowment	%											
С	Temporarily restricted endowment		%										
	The percentages on lines 2a, 2b, a												
3a	Are there endowment funds not in	the poss	ession of th	ne organiza	ation that	are hel	d and	d admir	histered for th	е			NI .
	organization by:											'es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	•									3b		
4	Describe in Part XIII the intended												
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	wered "Ve	s" on For	m 990 F	Part IV	lina	112 S	ee Form 90	a∩ Par	t X line	10	
	Description of property			other basis	(b) Cost (cumulated		I) Book valu		
				tment)		other)			eciation				
	Land												
b	Buildings												
С	Leasehold improvements												
d	Equipment					25,2			25,278.				
e	Other					46,24						б,2	
Tota	I. Add lines 1a through 1e. (Columr	n (d) mus	t equal Forr	n 990, Part	X, colum	n (B), lir	ne 10	c.)	<u></u>		4	6,2	44.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017			Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990	Part IV, line 11c, See Form 990.	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion:
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 15)		
Part X Other Liabilities.	ine 10.)	••••••••••••••••••	
Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1. (a) Description of liability	(b) Book valu	e	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

(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 JSA 7E1270 1.000

(8)

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
_ (7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

GLOBAL	ACTION
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Schedu	le D (Form 990) 2017	Pag	e 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
č	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	mation.	

SEE PAGE 5

JSA

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION. THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2015 THROUGH THE CURRENT PERIOD.

Schedule D (Form 990) 2017

SCHEDULE F		Staten	омв №. 1545-0047 20 17				
(Form 990) ► Complete						if the organiza	
	ment of the Treasury I Revenue Service	► G	io to www.irs.go		to Form 990. nstructions and the latest inf	formation.	Open to Public Inspection
	of the organization					Employer ide	entification number
GLOE	BAL ACTION					84-14	71157
Part		formation o		Outside the U	Inited States. Complete i	f the organization ar	nswered "Yes" on
	assistance, the gra	ntees' eligibili	ty for the grant	s or assistanc	substantiate the amount of e, and the selection criteri	a used to award the	
	For grantmakers. assistance outside			ganization's p	rocedures for monitoring	the use of its gra	ants and other
3	Activities per Regio	on. (The follow	ving Part I, line	3 table can b	e duplicated if additional sp	ace is needed.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (a program service, describe specific type service(s) in the region	expenditures for and investments
(1)	CENTRAL AMERICA/CA	ARIBBEAN	1.	5.	PROGRAM SERVICES		99,725.
(2)	RUSSIA/INDEPENDENT	STATES	1.	1.	PROGRAM SERVICES		31,653.
(3)	SOUTH ASIA		1.	5.	PROGRAM SERVICES		63,352.
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(16)</u>							
<u>(17)</u>	0 1 1 1						
3a b	Sub-total Total from o sheets to Part I	continuation	3.	11.			194,730.
C	Totals (add lines		3.	11.			194,730.
For Pa	aperwork Reduction	Act Notice, se	e the Instruction	s for Form 990.		Sc	hedule F (Form 990) 2017

Page **2**

Schedule	F	(Form	000)	2017
Schedule	г		990)	2017

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
				PASTORAL						
(1)			CENT. AMERICA/CARIBBEAN	TRAINING	91,105.					
				PASTORAL						
(2)			SOUTH ASIA	TRAINING	63,352.					
				PASTORAL						
(3)			CENT. AMERICA/CARIBBEAN	TRAINING	5,600.					
				PASTORAL						
(4)			RUSSIA/NEWLY IND. STATES	TRAINING	31,653.					
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
	nter total number of recipient orga	anizations listed abo	ve that are recognized as o	harities by the	foreign country, red	cognized as ta:	x-exempt			
b	y the IRS, or for which the grantee nter total number of other organiz	or counsel has prov	vided a section 501(c)(3) e	quivalency lette	r		· · · · ·		5.	
			<u> </u>	<u></u>			• • • •	Schedule F	(Form 990) 2017	

Page 3

Schedule F (Form 990) 2017

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
5)							
(6)							
7)							
8)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							

Schedule F (Form 990) 2017

JSA

Schedule F (Form 990) 2017

Part IV

1

Page 4

V Foreign Forms		
Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520. Annual Return To Report Transactions With Foreign		

2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
			Schedule F (Form 990) 2017

Page 5

Part V **Supplemental Information**

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

PART I, LINE 2

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 F (Form 990) 2017

SCHEDULE G	Supplement	tal Information R	egarding	J Fundrai	sing or Gaming	Activities	OMB No. 1545-0047	
(Form 990 or 990-EZ)								
, ,		-		or Form 990				
Department of the Treasury Internal Revenue Service		Go to www.irs.g					Open to Public Inspection	
Name of the organization						Employer identificati		
GLOBAL ACTION						84-1471157		
	ing Activities. Com				"Yes" on Form	990, Part IV, line	17.	
Form 99	0-EZ filers are not i	required to compl	lete this p	oart.				
1 Indicate whether	the organization rais	sed funds through a		•				
a Mail solicita		е			non-government g	•		
	email solicitations	f			government grant	S		
c Phone solici		g		cial fundra	ising events			
d log In-person so								
2a Did the organiza	es listed in Form 990,						Yes No	
b If "Yes," list the	10 highest paid indiv least \$5,000 by the o	viduals or entities				-		
(i) Name and addr or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
5								
4								
5								
6								
7								
8								
9								
10								
Total		<u></u>		<u>. </u>				
3 List all states in registration or lic	which the organizat ensing.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 7E1281 1.000 3352ME P091 8/15/2019 3:14:51 PM V 17-7.10 Schedule G (Form 990 or 990-EZ) 2017

FYE 9/30

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Schedule G (Form 990 or 990-EZ) 2017

Page **2**

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

			(a) Event #1 AZ GOLF TOURNAM		(c) Other events	(d) Total events (add col. (a) through col. (c))
0			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	21,183.	48,317.	0.	69,500.
R		Less: Contributions	19,037.	47,530.	0.	66,567.
	3	Gross income (line 1 minus line 2)	2,146.	787.	0.	2,933.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	3,398.	2,492.	0.	5,890.
	11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	l through 9 in column (d) 0 from line 3, column (d)		5,890. -2,957.
Ра	rt l	Gaming. Complete if the orgative than \$15,000 on Form 990-E		es" on Form 990, Pa	rt IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses		Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				

	5 Other direct expenses				
	6 Volunteer labor	Yes%	• Yes% No	Yes% No	
	7 Direct expense summary. Add lines 2	through 5 in column (d))		
	8 Net gaming income summary. Subtrac				
9	Enter the state(s) in which the organization	on conducts gaming activ	tivities:		

a Is the organization licensed to conduct gaming activities in each of these states?	Yes	No
b If "No," explain:		

10 a	Were any of the org	ganization's gaming	licenses revoked	, suspended,	or terminated during the	he tax year?	Yes	No
b	If "Yes," explain:							

Schedule G (Form 990 or 990-EZ) 2017

Schod	lule G (Form 990 or 990-EZ) 2017	04 14/	1137	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	records:			
	Name			
	Address			
45 -	Deep the experimentary have a contract with a third north from whom the experimetion receives a			
15 a	Does the organization have a contract with a third party from whom the organization receives g revenue?			No
h	If "Yes," enter the amount of gaming revenue received by the organization ► \$ a	and the	165	
D	amount of gaming revenue retained by the third party \triangleright \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proc			
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organ	 nizotiono	Yes	No
D	or spent in the organization's own exempt activities during the tax year > \$	lizations		
Part		(iii) and	(v) and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			
SCH	EDULE G PART II			
DIR	ECT EXPENSES FOR FUNDRAISING EVENTS ARE REPORTED ON PART IX STATEMENT			
~ -				
OF 1	FUNCTIONAL EXPENSES LINE 12 COLUMN D IN ORDER TO MAINTAIN THE			
T.T.T.T.T.T.				
FUN	CTIONAL EXPENSE ALLOCATION PERCENTAGES AS REPORTED IN THE AUDITED			
FIN	ANCIALS.			

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE O (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.



Department of the Treasury Internal Revenue Service Name of the organization

GLOBAL ACTION

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

FORM 990, PART VI, SECTION B, LINE 11 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 ORGANIZATION'S CONFLICT OF INTEREST 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. RECOMMENDATIONS 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, SECTION C, LINE 19 THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2017	Page 2
Name of the organization	Employer identification number
GLOBAL ACTION	84-1471157
FORM 990, PART XII, LINE 2C - EXPLANATION OF RESPONSIBILITY	
THE FINANCE & AUDIT COMMITTEE OF THE BOARD IS RESPONSIBLE FOR OVERSI	IGHT
OF THE REVIEW PROCESS AND SELECTION OF THE INDEPENDENT ACCOUNTING FI	IRM
USED. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	TTACHMENT 1
GLOBAL ACTION IS A NONPROFIT RELIGIOUS ORGANIZATION, INCORPORATED IN	1
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.	

ATTACHMENT 2

JSA 7E1228 1.000 3352ME P091 8/15/2019 3:14:51 PM V 17-7.10 Schedule O (Form 990 or 990-EZ) 2017

ATTACHMENT 3

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

UNITED KINGDOM

UKRAINE

INDIA

HONDURAS

FORM	990,	PART	VIII	-	EXCLUDED	CONTRI	BUTIONS
DESCH	RIPTI	ON					AMOUNT
							66,567.
TOTAI	J					-	66,567.