Return of Organization Exempt From Income Tax

orm **990**

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

OMB No. 1545-0047
2016

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

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

Open to Public Inspection

| A F | or th | e 201 | 6 calendar year, or tax year beginning 10/01, 2016, | and ending | | 09/30 ,2 0 | 0 17 |
|-----------------------------|---------------------|-----------------------|---|--|-------------------------------------|------------------------|---------------------|
| ъ. | | | C Name of organization | | D Employer ide | entification nun | ıber |
| B 0 | heck if ap | oplicable: | GLOBAL ACTION | | | | |
| | Addre chang | | Doing Business As | | 84-1471 | 157 | |
| | Name | change | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone nu | umber | |
| | Initial | return | PO BOX 26678 | | (719) 52 | 8-8728 | |
| | Termi | inated | City or town, state or province, country, and ZIP or foreign postal code | | | | |
| | Amen | | COLORADO SPRINGS, CO 80918 | | G Gross receipt | ts \$ | 508,361. |
| | | cation | F Name and address of principal officer: ATANAS LAZAROV | | H(a) Is this a grou | up return for | Yes X No |
| | | 5 | PO BOX 26678 COLORADO SPRINGS, CO 80918 | | H(b) Are all subordi | | Yes No |
| ī | Tax-ex | empt st | atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c | or 527 | If "No," attac | ch a list. (see instru | ctions) |
| J | Websi | te: 🕨 | WWW.GLOBALACTION.COM | | H(c) Group exemp | otion number | |
| K | Form o | of organ | nization: X Corporation Trust Association Other | L Year of form | nation: 1998 M | State of legal do | omicile: CO |
| P | art I | Sui | mmary | | | | |
| | 1 | Briefly | y describe the organization's mission or most significant activities: OUR MI | SSION IS T | O SEE THE | GREAT | |
| ė | | COM | MISSION FULFILLED BY TRAINING PASTORS, MAKING | DISCIPLES, | , AND | | |
| an | | CHA | NGING THE WORLD. | | | | |
| Veri | 2 | Check | this box F if the organization discontinued its operations or dispose | d of more than 25 | 5% of its net assets | 5. | |
| Ô | 3 | Numb | per of voting members of the governing body (Part VI, line 1a) | | | 3 | 11. |
| න් ග | 4 | Numb | per of independent voting members of the governing body (Part VI, line 1b) . | | | 4 | 11. |
| ij | | | number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 5 | 4. |
| Activities & Governance | | | number of volunteers (estimate if necessary) | | | 6 | 17. |
| ĕ | 7a | Total | unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 0 |
| | | | nrelated business taxable income from Form 990-T, line 34 | | | 7b | 0 |
| | | | | | Prior Year | Cur | rent Year |
| ø | 8 | Contri | ibutions and grants (Part VIII, line 1h) | r FOR | 525,82 | 23. | 487,578 |
| enn | 9 | Progra | am service revenue (Part VIII, line 2g) PUBLIC IN | I FUR | | 0. | 0 |
| Revenue | 10 | ilivesi | tinent income (Part VIII, column (A), lines 3, 4, and 7d) | | -5,26 | | 56 |
| _ | 11 | Other | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 113,11 | | 15,325 |
| | 12 | | revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . | | 633,67 | | 502,959 |
| | | | s and similar amounts paid (Part IX, column (A), lines 1-3) | | 136,20 | | 166,100 |
| | | | its paid to or for members (Part IX, column (A), line 4) | | | 0. | 0 |
| es | 15 | | es, other compensation, employee benefits (Part IX, column (A), lines 5-10). | | 234,81 | | 154,534 |
| Expenses | 16a | | ssional fundraising fees (Part IX, column (A), line 11e) | | | 0. | 0 |
| Ϋ́ | b | | fundraising expenses (Part IX, column (D), line 25) ▶50,747 | · | | | |
| _ | 17 | Other | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 90,97 | | 119,542 |
| | | | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 461,99 | | 440,176 |
| <u> </u> | | Rever | nue less expenses. Subtract line 18 from line 12 | | 171,67 | | 62,783 |
| Net Assets or Fund Balances | | | | Beg | ginning of Current Y | | d of Year |
| sse 3ala | 20 | | assets (Part X, line 16) | | 122,90 | | 164,542 |
| et A | 21 | | liabilities (Part X, line 26) | | 140,79 | | 119,650 |
| | | | ssets or fund balances. Subtract line 21 from line 20 | | -17,89 | <u>'</u> | 44,892 |
| | rt II | • | gnature Block | l l -t-t | | | |
| tru | aer per e, corre | naities c ect, and | of perjury, I declare that I have examined this return, including accompanying schedu complete. Deglaration of preparer (other than officer) is based on all information of which | iles and statements ch preparer has any | s, and to the best of knowledge. | my knowleage | and belief, it is |
| | | | Later all | | | | |
| Sig | ın | | Signature of officer | | 08 / 13 | 5/2018 | |
| He | | | • | ETNANCE | Duto | | |
| | | | ATANAS LAZAROV VP OF Type or print name and title | FINANCE | | | |
| _ | | Print/ | Type or print name and title Type preparer's name Preparer's signature | Date | | : PTIN | |
| Paid | t | | 1 \01446 M44 | 08/15/20 | Check)18 self-employe | " | 1 / 2 0 |
| Pre | parer | | EEN B MERZ | X00/15/20 | | | |
| Use | Only | | sname > STOCKMAN KAST RYAN & CO, LLP | \sim | | 84-150958 | |
| Max | , tha !! | • | saddress 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 8 ccuss this return with the preparer shown above? (see instructions) | 0903 | Phone no. | 719-630-1 | |
| | | | Reduction Act Notice, see the separate instructions. | | <u> </u> | | m 990 (2016) |
| FOF | rabel | WUIK | NEGUCION ACI NOUCE, SEE INE SEDAI ALE MISU UCUONS. | | | ror | m 334 (2016) |

GLOBAL ACTION 84-1471157 Form 990 (2016) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 226,241. including grants of \$ 4a (Code:) (Expenses \$ 83,998.) (Revenue \$ TRAINING PROGRAMS: GLOBAL ACTION'S TRAINING PROGRAM IS CALLED GLOMOS. IT STANDS FOR GLOBAL MODULE STUDIES. THE PROGRAM TEACHES PASTORS WHO HAVE NOT HAD ANY FORMAL BIBLE SCHOOL TRAINING. IT IS A 9 MONTH COURSE THAT TEACHES BIBLICAL BASICS AND IS NONDENOMINATIONAL. THE GOAL IS MULTIPLICATION IN THAT THESE PASTORS THEN TRAIN OTHERS IN THEIR TOWNS AND VILLAGES. COURSES ARE TAUGHT IN CENTRAL AMERICA. EASTERN EUROPE, AND CENTRAL ASIA. 4b (Code:) (Expenses \$ 36,806, including grants of \$ 9,847.) (Revenue \$ MINISTRY COORDINATION: GLOBAL ACTION MAINTAINS FOUR INTERNATIONAL OFFICES WORLDWIDE. THESE OFFICES ARE HEADQUARTERS FOR PROJECTS IN EACH OF THEIR RESPECTIVE COUNTRIES. GLOBAL ACTION PROVIDES MINISTRY AND PROJECT SUPPORT FOR EACH OFFICE AS PART OF IT'S PROGRAM SERVICES, THIS SUPPORT ALLOWS THE OFFICES TO HIRE LOCALLY THEREBY SUPPORTING THE LOCAL COMMUNITY (VARIOUS PROJECT AREAS) AS PART OF ITS OUTREACH. 73,849. including grants of \$ 72,255.) (Revenue \$ **4c** (Code:) (Expenses \$ COMPASSION & YOUTH PROGRAMS: GLOBAL ACTION HAS MANY COMPASSION PROGRAMS WITH THE MAIN FOCUS BEING ON ORPHANS AND MARGINILIZED. WE PROVIDE NUMEROUS CAMPS DURING THE SUMMER AND CHRISTMAS MONTHS ALLOWING CHILDREN TO BE IN A LOVING ENVIRONMENT WHERE THEY ARE CARED FOR, ENCOURAGED, AND TAUGHT LESSONS FROM THE BIBLE. WE ALSO HELP LOCAL CHURCHES WITH RELIEF IN THEIR COMMUNITIES, BOTH CHRISTIANS AND NON-CHRISTIANS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ► 336,896.

JSA
6E1020 1.000

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 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 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Χ 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 Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 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 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

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| Part | Checklist of Required Schedules (continued) | | | |
|-------------|--|------|-----|--------|
| | | | Yes | No |
| | | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | 3.5 |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | 37 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | 22 | | v |
| 04- | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the 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 |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | 21 |
| b 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? | | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 244 | | |
| 2 54 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| - | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| - | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "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, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | 3.5 |
| | Part I. | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 22 | | v |
| 22 | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | Х |
| 2.4 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Λ |
| 34 | or IV, and Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 334 | | |
| D | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , | | | |
| | Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| - | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| | • | Form | 990 | (2016) |

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| rai | | | | _X |
|----------|---|------------|-----|----------|
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 162 | NO |
| | Enter the number reported in Box 5 of 1 offin 1050. Enter 6 in Not applicable | | | |
| | Effect the number of Forms W-20 included in line 1a. Effect -0- if not applicable. | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1c | Х | |
| _ | reportable gaming (gambling) winnings to prize winners? | 10 | Λ | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 4 | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. | 2b | Х | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 20 | 21 | |
| 2- | 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 | | Х |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3b | | |
| | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 35 | | |
| 4 a | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | | 4a | Х | |
| h | account)? | | | |
| b | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 52 | 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 | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| vu | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| | 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 | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| _ | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 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 | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 14a | | X |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filled a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14a 14b | | |
| <u>u</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | י דט | | |

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| Sect | ion A. Governing Body and Management | | | | |
|-------|---|----------------------|-------|----------|-------|
| | | l | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 11 | | | |
| | 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 re- | ationship with | | | |
| | any other officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or ur | nder the direct | _ | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other | er person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi | led? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's | | 5 | | X |
| 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 el | | _ | | |
| | one or more members of the governing body? | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval | | | | 3.7 |
| | stockholders, or persons other than the governing body? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions under | ertaken during | | | |
| | the year by the following: | | | 3.5 | |
| а | The governing body? | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | | 9 | | X |
| Socti | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Int | | | <u> </u> | Δ |
| Secu | on B. Folicies (This Section B requests information about policies not required by the int | erriai Neveriue | Cour | Yes | No |
| 40. | D'il the consideration have been been been been as a d'Eliste of | | 10a | | X |
| _ | Did the organization have local chapters, branches, or affiliates? | | IVa | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of | • | 10b | | |
| 44- | affiliates, and branches to ensure their operations are consistent with the organization's exempt pr | - | 11a | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi | ling the form? | IIa | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 12a | Х | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 124 | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests trise to conflicts? | _ | 12b | Х | |
| _ | Did the organization regularly and consistently monitor and enforce compliance with the p | | | | |
| С | 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 whisteblower policy? | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review ar | | | | |
| 15 | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | | | |
| 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 | r 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 | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to | | | | |
| | organization's exempt status with respect to such arrangements? | | 16b | | |
| Secti | ion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶AK, KY, MD, MN, MS, N | 10, NH, NC, TN | UT, | JΑ, | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and | | | | 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 Sch | nedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing document | ts, conflict of into | erest | policy | , and |
| | financial statements available to the public during the tax year. | | | , | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's to The Organization PO BOX 26678 COLORADO SPRINGS, CO 80918 719-528-8728 | oooks and record | s: ► | | |

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

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

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

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

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

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.

| (A) Name and Title | (B) Average hours per week (list any hours for related | box, | not ch unles er and | eck s pe | more rson lirect | e than o is both or/trust emp | an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|-------------------------------|--|---------------|---------------------------|-------------|------------------------|--|-----|--|--|---|
| | organizations below dotted line) | 1 <u>22 F</u> | Institutional trustee | xer | Key employee | Highest compensated employee | ner | (W-2/1099-MISC) | | organization and related organizations |
| (1)ROBERT SMITH | 5.00 | | | | | | | | | |
| PRESIDENT (INTERIM JUNE 2017) | 0. | Х | | Χ | | | | 0. | 0. | 0. |
| (2)SCOTT DICKSON | 5.00 | | | | | | | 0. | | |
| BOARD TREASURER | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (3)KEN GIBSON (NOW FORMER) | 5.00 | | | | | | | | | |
| BOARD SECRETARY | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (4)RICK THOMPSON | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (5)BARRY FLUTH | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (6)RJ KOERPER | 40.00 | | | | | | | | | |
| PRESIDENT (RESIGN JUNE 2017) | 0. | Х | | Х | | | | 46,203. | 0. | 0. |
| (7)PHIL EPHRAIM (CURRENT) | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (8)JEFF PETERSON (CURRENT) | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (9)PHILLIP LONG | 40.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (10)SUJAI SUNEETHA | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (11)ATANAS LAZAROV | 40.00 | | | | | | | | | |
| VP OF FINANCE | 0. | Х | | Х | | | | 48,747. | 0. | 0. |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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| | ert VII Section A. Officers, Directors, Tru | ıstees, Ke | y En | plo | ye | es, | and F | lig | hest Compensat | ed Employ | ees (c | ontinue | d) | ago o |
|----|---|---|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|-------------|--------------------------------------|---|------------|-----------------|---|---------|
| | (A) Name and title | (B) Average hours per week (list any hours for | box, | unle | Pos heck ss pe | erson | e than o is both or/trust | an | (D) Reportable compensation from the | (E) Reportal compensation related organizat | n from | Esti amo | (F) mated ount of ther ensati | of |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099- | | orga and | m the nization related | on d |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| С | Sub-total Total from continuation sheets to Part VII, S | | | | | | | > | 94,950. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | limited to t | | liste | | bove | e) who | o re | 94,950. ceived more than | \$100,000 c | 0 .] of | | | 0. |
| _ | reportable compensation from the organization | | 0. | • | | | | | | | | | Yes | No |
| 3 | Did the organization list any former office employee on line 1a? <i>If</i> "Yes," complete Scheduler | | | | | | | | | | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the organization and related organizations graindividual. | eater than | \$15 | 0,0 | 00? | . If | "Yes | ," | complete Schedu | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? If "You | accrue co | mpen | sati | on i | fron | n any | un | related organization | | | 5 | | Х |
| Se | ction B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest comcompensation from the organization. Report of year. | | | | | | | | | | | | | |
| | (A) Name and business add | dress | | | | | | | (B) Description of se | rvices | | (C) Compensa | ation | |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-------------------------------|-----------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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.

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Part VIII Statement of Revenue

| | | Check if Schedule O contains a respon | se or note to an | y line in this Part VI | III | | |
|--|-----------------------------|--|---|------------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaigns | 39,412. 448,166. 17,404 Business Code | 487,578. | | | |
| Program Service Revenue | 2a b c d e f | All other program service revenue Total. Add lines 2a-2f | | 0. | | | |
| Other Revenue | 3 4 5 6a b | Investment income (including dividendent and other similar amounts) | proceeds > | 56. 0. 0. | | | 56. |
| | c d 7a b | Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) | (ii) Other | 0. | | | |
| | | of contributions reported on line 1c). See Part IV, line 18 | ATCH 3 20,727. 5,402. | 0. | | | |
| | | Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19 a | 0. | 15,325. | | | 15,325 |
| | С | Less: direct expenses | | 0. | | | |
| | b c | Less: cost of goods sold | 0. Business Code | 0. | | | |
| | 11a b c | All d | | | | | |
| | d | All other revenue | | 0. | | | |
| | е 12 | Total revenue. See instructions. | | 502,959. | | | 15,381. |
| | | | | | | | |

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a resp | | | | |
|--------|---|-----------------------|------------------------------|-------------------------------------|--------------------------|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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 | 166,100. | 166,100. | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 0. 88,873. | 56,106. | 17,384. | 15,383. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 | Other salaries and wages | 36,537. | 23,066. | 7,147. | 6,324. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 | Other employee benefits | 16,194. | 10,296. | 3,121. | 2,777. |
| 10 | Payroll taxes | 12,930. | 8,163. | 2,529. | 2,238. |
| 11 | 1 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | 0 | | | |
| | Management | 0. 3,562. | 2,850. | 356. | 356. |
| | Legal | 28,585. | 18,580. | 10,005. | 330. |
| | Accounting | 0. | 10,300. | 10,003. | |
| | I Lobbying Professional fundraising services. See Part IV, line 17 | 0. | | | |
| | f Investment management fees | 0. | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 6,966. | 2,765. | 3,855. | 346. |
| 12 | Advertising and promotion | 0. | | | |
| 13 | Office expenses | 13,381. | 5,855. | 1,349. | 6,177. |
| 14 | Information technology | 4,034. | 3,631. | 403. | |
| 15 | Royalties | 0. | | | |
| 16 | Occupancy | 9,912. | 4,956. | 2,478. | 2,478. |
| 17 | Travel | 21,879. | 17,619. | 685. | 3,575. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 | Conferences, conventions, and meetings | 1,009. | 908. | 101. | |
| 20 | Interest | 3. | 3. | | |
| 21 | Payments to affiliates | 0. | | | |
| 22 | Depreciation, depletion, and amortization | 0. | F 026 | 650 | |
| 23 | Insurance | 6,594. | 5,936. | 658. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | GLOMOS | 2,958. | 2,958. | | |
| | DONOR DEVELOPMENT | 18,048. | 5,416. | 1,805. | 10,827. |
| | STATE REGISTRATIONS | 2,087. | 1,669. | 209. | 209. |
| d | STAFF CARE | 266. | | 266. | |
| e | All other expenses | 258. | 19. | 182. | 57. |
| 25 | Total functional expenses. Add lines 1 through 24e | 440,176. | 336,896. | 52,533. | 50,747. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 0. | | | |
| JSA | | 0. | | | F 000 (0040) |

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Part X **Balance Sheet**

| Check if Schedule O contains a response or note to any line in this Part X. (A) Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 7,695. 2 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 67,617. b Less: accumulated depreciation. 10b 25,278. 0 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 10 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901. 16 17 Accounts payable and accrued expenses 140,792. 17 18 Grants payable 10 19 | (B) End of year 88,845. 32,052. 0. 0. |
|--|---|
| 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958f(p(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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 25,278. 0 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901. 16 17 Accounts payable 1 Cash - nor interest. 2 3,695. 2 2 33,695. 2 3 3,695. 2 3 3,695. 2 3 3,695. 2 3 3,695. 2 3 3,695. 2 3 0. 4 5 0. 4 5 0. 5 6 0 | 88,845. 32,052. 0. |
| 2 Savings and temporary cash investments 3 7,695. 2 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 25,278. 0 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 12 (2,901. 16 17 Accounts payable and accrued expenses 140,792. 17 18 Grants payable | 32,052. 0. 0. |
| Recounts receivable, net Accounts receivable, net 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 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 Notes and loans receivable, net Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicity traded securities Investments - other securities. See Part IV, line 11 Investments - other securities. See Part IV, line 11 Intangible assets October assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Total assets. Add lines 1 through 15 (must equal line 34) Recounts payable and accrued expenses October 3 100, 4 100, 5 0. 5 0. 5 0. 6 100, 6 100, 7 100, 7 100, 7 100, 7 100, 7 100, 7 100, 7 100, 100 110, 1 | 0. |
| 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 25,278. 0 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 0 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901. 16 17 Accounts payable 0 18 | 0. |
| 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 4958f(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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets O. 14 Total assets. Add lines 1 through 15 (must equal line 34) Crants payable O. 5 Investments - graph of the program of the program of the program of the payable and accrued expenses Investments - graph of the payable and accrued expenses Investments - graph of the payable of th | 0. |
| trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 b Less: accumulated depreciation 10 b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 10 Loans and other receivables from other disqualified persons (as defined under section 4958(e)) 10 John Schedule D 10 John Schedule D 10 John Schedule L 1 | 0. |
| Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a Less: accumulated depreciation 10 b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable 18 Grants payable 10 a d f7, 617. 10 b 25, 278. 0 . 10c 11 0 a 67, 617. 10 a 67, | 0. |
| 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 25,278. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 0 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable | |
| and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation. 10c 11 Investments - publicly traded securities 10 Investments - other securities. See Part IV, line 11 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 10 O . 6 10 O . 7 10 O . 9 11 O . 6 10 O . 7 10 O . 9 11 O . 10 O . 10 O . 10 11 O . 12 12 O . 13 13 Other assets. See Part IV, line 11 14 O . 12 15 Other assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 O . 6 10 O . 7 10 O . 9 11 O . 10 O . 10 O . 10 11 O . 12 12 O . 13 13 O . 14 14 O . 12 15 Other assets. Add lines 1 through 15 (must equal line 34) 17 O . 10 O . 10 O . 10 18 O . 10 O . 10 | |
| organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 25,278. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable O . 18 O . 6 O . 7 D . 6 O . 7 D . 6 O . 7 D . 7 D . 9 D . 9 D . 10a 67,617. D . 10b 25,278. O . 10c D . 11 D . 12 D . 12 D . 13 D . 14 D . 13 D . 14 D . 15 D . 16 D . 16 D . 17 D . 18 | |
| 7 Notes and loans receivable, net 0. 7 8 Inventories for sale or use 2,525. 8 9 Prepaid expenses and deferred charges 0. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 25,278. 0. 10c 11 Investments - publicly traded securities 0. 11 12 Investments - other securities. See Part IV, line 11 0. 12 13 Investments - program-related. See Part IV, line 11 0. 13 14 Intangible assets 0. 14 15 Other assets. See Part IV, line 11 5,068. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901. 16 17 Accounts payable and accrued expenses 140,792. 17 18 Grants payable 0. 18 | 0. |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 25,278. 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 10 67,617. 10a 67,617. 10b 25,278. 0.10c 11 0.11 12 0.12 13 1.14 15 0.15 16 17 Accounts payable and accrued expenses 16 0.18 | 0. |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 25,278. 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 10 | 0. |
| other basis. Complete Part VI of Schedule D 10a 67,617. b Less: accumulated depreciation. 10b 25,278. 0.10c 11 Investments - publicly traded securities 0.11 12 Investments - other securities. See Part IV, line 11 0.12 13 Investments - program-related. See Part IV, line 11 0.13 14 Intangible assets 0.14 15 Other assets. See Part IV, line 11 5,068.15 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901.16 17 Accounts payable and accrued expenses 140,792.17 18 Grants payable 0.18 | 0. |
| other basis. Complete Part VI of Schedule D 10a 67,617. b Less: accumulated depreciation. 10b 25,278. 0.10c 11 Investments - publicly traded securities 0.11 12 Investments - other securities. See Part IV, line 11 0.12 13 Investments - program-related. See Part IV, line 11 0.13 14 Intangible assets 0.14 15 Other assets. See Part IV, line 11 5,068.15 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901.16 17 Accounts payable and accrued expenses 140,792.17 18 Grants payable 0.18 | |
| 11 Investments - publicly traded securities 0 . 11 12 Investments - other securities. See Part IV, line 11 0 . 12 13 Investments - program-related. See Part IV, line 11 0 . 13 14 Intangible assets 0 . 14 15 Other assets. See Part IV, line 11 5 , 068 . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 122 , 901 . 16 17 Accounts payable and accrued expenses 140 , 792 . 17 18 Grants payable 0 . 18 | |
| 11 Investments - publicly traded securities 0 . 11 12 Investments - other securities. See Part IV, line 11 0 . 12 13 Investments - program-related. See Part IV, line 11 0 . 13 14 Intangible assets 0 . 14 15 Other assets. See Part IV, line 11 5 , 068 . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 122 , 901 . 16 17 Accounts payable and accrued expenses 140 , 792 . 17 18 Grants payable 0 . 18 | 42,339. |
| 12 Investments - other securities. See Part IV, line 11 0. 12 13 Investments - program-related. See Part IV, line 11 0. 13 14 Intangible assets 0. 14 15 Other assets. See Part IV, line 11 5,068. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901. 16 17 Accounts payable and accrued expenses 140,792. 17 18 Grants payable 0. 18 | 0. |
| 13 Investments - program-related. See Part IV, line 11 0. 13 14 Intangible assets 0. 14 15 Other assets. See Part IV, line 11 5,068. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901. 16 17 Accounts payable and accrued expenses 140,792. 17 18 Grants payable 0. 18 | 0. |
| 15 Other assets. See Part IV, line 11 5,068. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901. 16 17 Accounts payable and accrued expenses 140,792. 17 18 Grants payable 0. 18 | 0. |
| 15 Other assets. See Part IV, line 11 5,068. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901. 16 17 Accounts payable and accrued expenses 140,792. 17 18 Grants payable 0. 18 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) 122,901. 16 17 Accounts payable and accrued expenses 140,792. 17 18 Grants payable 0. 18 | 1,306. |
| 18 Grants payable 0 . 18 | 164,542. |
| 18 Grants payable 0 . 18 | 23,838. |
| 19 Deferred revenue 0. 19 | 0. |
| | 0. |
| 20 Tax-exempt bond liabilities 0. 20 | 0. |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. |
| 22 Loans and other payables to current and former officers, directors, | |
| 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured matters and notes payable to unrelated third parties | |
| disqualified persons. Complete Part II of Schedule L 0 . 22 | 95,812. |
| 23 Secured mortgages and notes payable to unrelated third parties | 0. |
| 24 Unsecured notes and loans payable to unrelated third parties | 0. |
| 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. |
| 26 Total liabilities . Add lines 17 through 25 | 119,650. |
| Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | |
| E 27 Unrestricted net assets -112,291. 27 | -24,528. |
| 28 Temporarily restricted net assets 94,400. 28 | 69,420. |
| 29 Permanently restricted net assets 0. 29 | 0. |
| complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 → 112 , 291 . 27 27 → 112 , 291 . 27 28 → 29 → 30 . 29 30 | |
| 30 Capital stock or trust principal, or current funds | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | |
| 32 Retained earnings, endowment, accumulated income, or other funds | |
| 33 Total net assets or fund balances -17,891. 33 | |
| 34 Total liabilities and net assets/fund balances 122,901. 34 | 44,892. |

Page **12** Form 990 (2016)

| 4 | 02,9 40,1 | 76. | | | |
|-----|--------------|---------------------------------|--|--|--|
| 4 | 40,1 62,7 | 76. 783. 391. 0. 0. | | | |
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization GLOBAL ACTION 84-1471157 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

| g Provide the following information | • | | | | | |
|-------------------------------------|----------|---|-----|---------------------------------------|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | , | Yes | No | | , |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

Schedule A (Form 990 or 990-EZ) 2016

Enter the number of supported organizations

Schedule A (Form 990 or 990-EZ) 2016 Page **2**

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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,841,292. | 598,136. | 720,636. | 525,823. | 508,305. | 4,194,192. |
| 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 | 1,841,292. | 598,136. | 720,636. | 525,823. | 508,305. | 4,194,192. |
| 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. | | | | | | 4,194,192. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 1,841,292. | 598,136. | 720,636. | 525,823. | 508,305. | 4,194,192. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 847. | 85. | 78. | 67. | 56. | 1,133. |
| 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.) ATCH 1 | 12,187. | 11,309. | 5,449. | 113,118. | 15,325. | 157,388. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4,352,713. |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) | | | | 12 | 3,754. |
| 13 | First five years. If the Form 990 is for organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Supp | ort Percenta | ge | | | | |
| 14 | Public support percentage for 2016 (lin | | - | | | 14 | 96.36% |
| 15 | Public support percentage from 2015 | | | | | 15 | 91.13% |
| 16a | 331/3% support test - 2016. If the or | rganization did | not check the b | ox on line 13, | and line 14 is | 331/3 % or more | |
| | this box and stop here. The organization | - | | - | | | |
| b | 331/3% support test - 2015. If the o | - | | | | | |
| | check this box and stop here. The orga | - | | | | | |
| 17a | 10%-facts-and-circumstances test - 2 | _ | | | | | |
| | 10% or more, and if the organization | | | | | - | • |
| | Part VI how the organization meets the | | | • | • | | pported |
| | organization | | | | | | . • 🗀 |
| b | 10%-facts-and-circumstances test - 2 | = | | | | | |
| | 15 is 10% or more, and if the orga | | | | | | - |
| | Explain in Part VI how the organization | | | | • | • | publicly |
| 18 | supported organization Private foundation. If the organization | did not check a | box on line 13, | 16a, 16b, 17a, | or 17b, check | this box and see | . • . |
| | instructions | | | | <u> </u> | | <u>. ► </u> |

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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

(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 | | | | | | |
|-----------|---|-----------------------|--------------------------|---------------------|-------------------|------------------|-----------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| . u | 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 | | | + | | | |
| с 8 | Add lines 7a and 7b | | | | | | |
| 0 | ••• | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| _ | | (4) 2012 | (5) 2010 | (6) 2014 | (a) 2010 | (0) 2010 | (i) Total |
| 9 10 a | Amounts from line 6. Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| D | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is f | ŭ | • | | • | | ` ` ` ` |
| | organization, check this box and stop here | | | | | | ▶ 🔃 |
| Sec | tion C. Computation of Public Sup | | | | | T | |
| 15 | Public support percentage for 2016 (line 8 | | | | | 15 | % |
| 16 | Public support percentage from 2015 Sche | | | | | 16 | % |
| Sec | tion D. Computation of Investmen | | | | | T T | |
| 17 | Investment income percentage for 2016 (li | | | | | 17 | % |
| 18 | Investment income percentage from 2015 | | | | | 18 | % |
| 19 a | 331/3% support tests - 2016. If the organization | ganization did n | ot check the box | x on line 14, and | d line 15 is mor | e than 331/3%, | and line |
| | 17 is not more than 331/3 %, check th | is box and sto | here. The org | anization qualifies | s as a publicly | supported organi | ization ► |
| b | 331/3% support tests - 2015. If the orga | anization did not | check a box on | line 14 or line 19 | a, and line 16 is | more than 331/3 | 3 %, and |
| | line 18 is not more than 331/3 %, check | this box and s | t op here. The or | ganization qualifi | es as a publicly | supported organi | ization ► |
| 20 | Private foundation If the organization | did not check | a hov on line | 1/1 10a or 10h | chack this ho | y and see instr | uctions - |

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

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

| | | | res | NC |
|----|--|-------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 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. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | 4.5 | | |
| 5a | purposes. 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). | 4c 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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 | 6 | | |
| - | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |

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.

disqualified persons as defined in section 4946 (other than foundation managers and organizations described

- 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.)

Schedule A (Form 990 or 990-EZ) 2016

9a

9b

9c

10a

10b

84-1471157

GLOBAL ACTION

| | le A (Form 990 or 990-EZ) 2016 | | | Page \$ |
|------------------|--|-----|-----|---------|
| Part | 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. on B. Type I Supporting Organizations | 11c | | |
| Secu | on B. Type i Supporting Organizations | | 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 | 163 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| _ | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | • | | |
| 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 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a b c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | | | |
| | | | Yes | |
| 2 a | Activities Test. <i>Answer (a) and (b) below.</i> 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 <i>Part VI identify those supported organizations and explain</i> 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? 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? <i>If</i> "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. | 3b | | |

Schedule A (Form 990 or 990-EZ) 2016 Page 6

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nizations | 3 | |
|--|------------|-------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explai | n in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organization | - | | • |
| Section A. Adjusted Not Income | | (A) Dries Vees | (B) Current Year |
| Section A - Adjusted Net Income | | (A) Prior 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) |
| 4. A gave gote fair market value of all non exempt use exects (e.e. | | | (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 | Iu | | |
| 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 | | |
| | - 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-functional | y integra | ted Type III supporting | g organization (see |
| instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2016

Current Year

GLOBAL ACTION 84-1471157

| Schedule A | x (Form 990 or 990-EZ) 2016 | Page 7 |
|------------|---|---------------|
| Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | |

| 1 | Amounts paid to supported organizations to accomplish ex | | | | | |
|----|--|--------------------------|---------|--|--|--|
| 2 | Amounts paid to perform activity that directly furthers exer | ed | | | | |
| | organizations, in excess of income from activity | | | | | |
| 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 | | | |
| | (provide details in Part VI). See instructions. | | | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | |
| ; | Section E - Distribution Allocations (see instructions) (i) Excess Distributions Pre-2016 | | | | | |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | | | |
| | Underdistributions, if any, for years prior to 2016 | | | | | |
| 2 | (reasonable cause required-explain in Part VI). See | | | | | |
| | instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | | | |
| a | | | | | | |
| b | | | | | | |
| C | From 2013 | | | | | |
| d | From 2014 | | | | | |
| е | From 2015 | | | | | |
| f | Total of lines 3a through e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2016 distributable amount | | | | | |
| i | Carryover from 2011 not applied (see instructions) | | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2016 from | | | | | |
| | Section D, line 7: \$ | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2016 distributable amount | | | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | | | |

Schedule A (Form 990 or 990-EZ) 2016

b

and 4c.

Breakdown of line 7:

Excess from 2013 Excess from 2014 Excess from 2015 Excess from 2016

Section D - Distributions

Schedule A (Form 990 or 990-EZ) 2016 Page **8**

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

CANCELLATION OF DEBT

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION 2012 2013 2014 2015 2016 TOTAL
FUNDRAISING INCOME 5,734. 15,325. 21,059.

TOTALS _____13,118. ____15,325. ____128,443.

ATTACHMENT 1

107,384.

107,384.

Schedule B

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

| GLOBAL | GLOBAL ACTION 84-1471157 | | | | | | |
|--|--|---|-------------------|--|--|--|--|
| Organiza | Organization type (check one): | | | | | | |
| Filers of: | | Section: | | | | | |
| Form 990 | or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private fou | ndation | | | | |
| | | 527 political organization | | | | | |
| Form 990 | -PF | 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundat | ion | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| | | or (e)(e) taxable pintate realization | | | | | |
| - | y a section 501(c)(7), (| ered by the General Rule or a Special Rule. 8), or (10) organization can check boxes for both the General Rule and a S | Special Rule. See | | | | |
| General F | Rule | | | | | | |
| | _ | ng Form 990, 990-EZ, or 990-PF that received, during the year, contributoroperty) from any one contributor. Complete Parts I and II. See instruction ributions. | _ | | | | |
| Special R | ules | | | | | | |
| 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 totaling \$5,000 or more during the year | | | | | | |
| Caution: | An organization that isn | 't covered by the General Rule and/or the Special Rules doesn't file Sche | dule 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) (2016)

Name of organization GLOBAL ACTION

Employer identification number 84-1471157

| Part I | Contributors (See instructions). Use duplicate copies of | Part I | if additional space is ne | eeded. |
|------------|--|----------------------------|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 1_ | | - - \$ ₋ | 57,706. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 2 | | - - \$ - | 44,050. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 3_ | | - - \$ ₋ | 25,379. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 4 | | - - \$ - | 20,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 5_ | | - - \$ - | 17,035. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution |
| 6 | | - - \$ ₋ | 15,696. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization GLOBAL ACTION

Employer identification number 84-1471157

| Part I | Contributors (See instructions). Use duplicate copie | es of Part I if additional space is no | eeded. |
|------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$\$ | 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.) |

Name of organization GLOBAL ACTION

Employer identification number 84-1471157

| rt II | Noncash Property | (See instructions). | Use duplicate of | copies of Part II if a | additional space is needed. |
|-------|------------------|---------------------|------------------|------------------------|-----------------------------|

| (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 |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |

Name of organization GLOBAL ACTION **Employer identification number** 84-1471157 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| GLO | BAL ACTION | 84-1471157 |
|--------|---|---------------------------------------|
| Pa | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or | Accounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held i | n donor advised |
| | funds are the organization's property, subject to the organization's exclusive legal control? | Yes L No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fur | nds can be used |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar | ny other purpose |
| | conferring impermissible private benefit? | Yes No |
| Pa | rt II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | | of a historically important land area |
| | | of a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in | |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| C | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a | 2d |
| 3 | historic structure listed in the National Register | |
| 3 | tax year | ated by the organization during the |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection | |
| • | violations, and enforcement of the conservation easements it holds? | - |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons | |
| | > | 3 , |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co | onservation easements during the year |
| | ▶ \$ | 5 , |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | on 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and | expense statement, and |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial | al statements that describes the |
| | organization's accounting for conservation easements. | |
| Pa | organizations Maintaining Collections of Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ | evenue statement and balance sheet |
| | public service, provide, in Part XIII, the text of the footnote to its financial statements that desc | cribes these items. |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re | evenue statement and balance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, educ | cation, or research in furtherance of |
| | public service, provide the following amounts relating to these items: | . . |
| | (i) Revenue included in Form 990, Part VIII, line 1 | |
| _ | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar a | <u> </u> |
| _ | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | : • |
| a b | Revenue included in Form 990, Part VIII, line 1 | • • • • • • • • • • • • • • • • • • • |

Schedule D (Form 990) 2016 Page **2**

| Par | t III Organizations Maintainir | ng Colle | ctions of | Art, Hist | orical T | reasur | es, | or Otl | ner Simila | r Asse | ts (contin | ued) |
|--------|--|-------------|--------------------|---------------|--------------------|----------------------|--------|----------|--------------------|-----------|---------------|-----------------|
| 3 | Using the organization's acquisition | n, acces | sion, and | other recor | ds, checl | k any o | f the | follow | ing that a | re a sigr | nificant use | of 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 | | collections | and expla | ain how t | hev fur | ther | the or | nanization's | exemp | t nurnose | in Part |
| • | XIII. | Lation o | 001100110110 | and oxpic | | inoy rui | | 1110 01 | garmzationic | o o nomp | · paipooo | iii i dit |
| 5 | During the year, did the organization | n solicit (| or receive o | donations o | fart hist | orical tre | Pacii | res or | other simils | ar | | |
| 3 | assets to be sold to raise funds rath | | | | | | | | | _ | Yes | No |
| Dar | t IV Escrow and Custodial Ar | | | airieu as pa | it of the t | Jigariiza | ation | 3 001100 | Juon: | | 163 | |
| ı aı | Complete if the organizat 990, Part X, line 21. | | | s" on Forn | n 990, Pa | art IV, I | ine 9 | 9, or re | ported an | amoun | t on Form | |
| 1a | Is the organization an agent, truste | e. custo | dian or othe | er intermed | iarv for c | ontribut | ions | or othe | r assets not | | | |
| | included on Form 990, Part X? | | | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in | n Part XII | l and com | olete the fol | lowing tak | ole: | | | | | | |
| ~ | ii 100, explain the arrangement ii | iii aiciai | i ana com | | io mig tak | [| | | Δr | mount | | |
| С | Beginning balance | | | | | | 1c | | , , , | 1100111 | | |
| 4 | Additions during the year | | | | | | 1d | | | | | |
| u o | | | | | | | | | | | | |
| • | Distributions during the year | | | | | | 1e | | | | | |
| 20 | Ending balance Did the organization include an am | | | | | | 1f | otodial | account liel | oilita (2 | Yes | No |
| 2a | = | | | | | | | | | | | |
| | If "Yes," explain the arrangement in | n Part XII | ii. Check n | ere ii the ex | xpianation | nas bee | en pr | ovided | on Part XIII | | <u></u> | |
| Par | Endowment Funds. Complete if the organizat | ion ancu | vored "Vec | s" on Form | 000 P | ort I\/ li | ina 1 | 0 | | | | |
| | Complete ii the organizat | | | | | | | | (d) Thusa | ana baali | (a) Faurus | una la nale |
| | • | (a) Cu | rrent year | (b) Prio | r year | (c) Two | o year | s dack | (d) Three ye | ears back | (e) Four yea | ars dack |
| 1 a | Beginning of year balance | | | | | | | | | | | |
| 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 | of the cu | rrent year | end balance | e (line 1g, | column | (a)) | held as | : | | | |
| а | Board designated or quasi-endown | nent ▶_ | | _% | , | | . ,, | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | | | | |
| С | Temporarily restricted endowment | ▶ | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, a | ind 2c sh | ould equal | 100%. | | | | | | | | |
| 3a | Are there endowment funds not in | the poss | ession of th | ne organiza | tion that | are held | d and | d admir | nistered for | the | | |
| | organization by: | - | | _ | | | | | | | Ye | s 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 u | • | | • | | | | | | | | |
| Par | | | | | | | | | | | | |
| | Complete if the organiza | tion ans | wered "Ye | s" on Forr | | | | | | | | 0 |
| | Description of property | | (a) Cost or (inves | other basis | (b) Cost o | or other ba ther) | sis | (c) Aco | cumulated eciation | (0 | d) Book value | |
| 1a | Land | | (111765 | () | 0) | | | чері | Solution | | | |
| b | Buildings | | | | | | | | | | | |
| C | Leasehold improvements | | | | | | + | | | | | |
| d | | | | | 1 | 67,61 | 7 | | 25,278. | | 40 | ,339. |
| e | 0.1 | | | | | 07,01 | - / • | | ۵۵,۵/٥. | | 44 | , , , , , , , |
| | Other I. Add lines 1a through 1e. (Column | | t oqual Ear | n 000 Port | Y colum | n (B) lin | 0 10 | <u> </u> | • | | 40 | ,339. |
| iola | | (u) musi | . uyuai FUII | ıı əə∪, ⊏all | n, ooiuiiii | וווו , <i>(ט</i>) ו | U 10 | u., | | | 42 | , , , , , , , , |

84-1471157

GLOBAL ACTION Page 3 Schedule D (Form 990) 2016

| Part VII | Investments - Other Securities. Complete if the organization answered | d "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 valuation: Cost or end-of-year market value | |
| (1) Financia | al derivatives | | | |
| | -held equity interests | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered | I |), Part IV, line 11c. See Form 990, Part | X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value | е |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answered | l "Ves" on Form 990 |) Part IV line 11d See Form 990 Part | Y line 15 |
| | | scription | |) Book value |
| (1) | (a) Do | Scription | (υ |) Book value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) ı | line 15.) | • | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | | · |), Part X, |
| 1. | (a) Description of liability | (b) Book valu | Je | |
| (1) Feder | al income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | nn (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

Χ

GLOBAL ACTION 84-1471157 Schedule D (Form 990) 2016 Page 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. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2b 2c c Recoveries of prior year grants............ Other (Describe in Part XIII.) 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a 2b 2c c Other losses...... Other (Describe in Part XIII.) 2e 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Schedule D (Form 990) 2016 GLOBAL ACTION 84-1471157 Page **5**

Part XIII Supplemental Information (continued)

PART X, LINE 2

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE STATEMENTS OF ACTIVITIES. AS OF SEPTEMBER 30, 2017, GLOBAL ACTION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

GLOBAL ACTION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990) FOR THE YEARS ENDED SEPTEMBER 30, 2016, 2015, 2014, AND 2013 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

20**16**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

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

Open to Public Inspection

Employer identification number

GLOBAL ACTION 84-1471157

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

| | For grantmakers. Does the orga | | | | _ | |
|-----|--|-------------------------------------|---|--|---|---|
| | assistance, the grantees' eligibiliting grants or assistance? | | | e, and the selection criteri | | X Yes No |
| | For grantmakers. Describe in assistance outside the United Sta | • | ganization's pr | rocedures for monitoring | the use of its grants a | and other |
| 3 | Activities per Region. (The follow | ving Part I, line | 3 table can be | 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 (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| (1) | SOUTH ASIA | 1. | 5. | PROGRAM SERVICES | | 68,934. |
| (2) | RUSSIA/INDEPENDENT STATES | | 1. | PROGRAM SERVICES | | 16,283. |
| (3) | CENTRAL AMERICA/CARIBBEAN | 1. | 5. | PROGRAM SERVICES | | 80,884. |
| (4) | EUROPE | 1. | 1. | PROGRAM SERVICES | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| 10) | | | | | | |
| 11) | | | | | | |
| 12) | | | | | | |
| 13) | | | | | | |
| 14) | | | | | | |
| 15) | | | | | | |
| 16) | | | | | | |
| 17) | | | | | | |
| 3a | Sub-total | 3. | 12. | | | 166,101. |
| b | Total from continuation | | | | | |
| r | sheets to Part I Totals (add lines 3a and 3b) | 3. | 12. | | | 166,101. |
| | . Julio (add iii loo da ai lu db) | ٥. | 12. | | | 100,101. |

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

Schedule F (Form 990) 2016

| Part II | Grants and Other Assista Part IV, line 15, for any re | | | | | | | d "Yes" on F | orm 990, |
|---------|---|--|------------------------------|----------------------|--------------------------|---------------------------------|--|---------------------------------------|--|
| 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 | 78,553. | | | | |
| | | | | PASTORAL | | | | | |
| (2) | | | SOUTH ASIA | TRAINING | 67,296. | | | | |
| | | | | PASTORAL | | | | | |
| (3) | | | RUSSIA/NEWLY IND. STATES | TRAINING | 16,283. | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| by tl | er total number of recipient orga ne IRS, or for which the grantee er total number of other organiz | or counsel has prov | vided a section 501(c)(3) ed | quivalency lette | er . | | . | | 5. |

Schedule F (Form 990) 2016 Page **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (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) | | | | | | | |
| <u>(</u> 10) | | | | | | | |
| <u>(</u> 11) | | | | | | | |
| <u>(</u> 12) | | | | | | | |
| <u>(</u> 13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Page 4 Schedule F (Form 990) 2016

| Part | V Foreign Forms | | |
|------|--|-----|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not 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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | 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; do not file with Form 990) | Yes | X No |

Schedule F (Form 990) 2016 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 G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Name | of the organization | | | | | Employer identification | on number |
|-------|--|---------------------|---|---|----------------------|--|--------------------------------------|
| GLO | BAL ACTION | | | | | 84-1471157 | |
| Part | Fundraising Activities. Cor | nplete if the orga | anization a | answered | I "Yes" on Form | 990, Part IV, line | 17. |
| | Form 990-EZ filers are not | required to comp | lete this p | oart. | | | |
| 1 | Indicate whether the organization rai | ised funds through | any of the | following | activities. Check a | all that apply. | |
| а | Mail solicitations | e | Solid | itation of | non-government g | ırants | |
| b | <u> </u> | f | | | government grant | | |
| C | Phone solicitations | g | | | ising events | | |
| d | In-person solicitations | 9 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | og ovoro | | |
| | Did the organization have a written of | or oral agreement v | with any ing | dividual (in | ocluding officers of | liroctore truetone | |
| Zu | or key employees listed in Form 990 | | | | | | Yes No |
| b | If "Yes," list the 10 highest paid ind | | | | | | |
| | compensated at least \$5,000 by the | | (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | , | a.g. a aa | | |
| | • | _ | | | | | |
| | | | (iii) Did fun | drainer have | | (v) Amount paid to | (vi) Amount noid to |
| | (i) Name and address of individual | (ii) Activity | | draiser have r control of | (iv) Gross receipts | (or retained by) fundraiser listed in | (vi) Amount paid to (or retained by) |
| | or entity (fundraiser) | | contrib | utions? | from activity | col. (i) | organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
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| Total | | | | > | | | |
| 3 | List all states in which the organiza | | | | contributions or | has been notified | it is exempt from |
| | registration or licensing. | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 Page **2**

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 (event type) | (b) Event #2 MN GOLF TOURNA (event type) | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|----------|--|--|---|------------------|--|
| nue | | | | | (total number) | |
| Revenue | 1 | Gross receipts | 17,597. | 42,542. | 0. | 60,139. |
| æ | | Less: Contributions Gross income (line 1 minus | 11,532. | 27,879. | 0. | 39,411. |
| | | line 2) | 6,065. | 14,663. | 0. | 20,728. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | 2,372. | 0. | 2,372. |
| t Exp | 7 | Food and beverages | 780. | 750. | 0. | 1,530. |
| Direc | 8 | Entertainment | 1,500. | | 0. | 1,500. |
| | 9 | Other direct expenses | | | 0. | _ |
| | 10 | Direct expense summary. Add lines 4 | through 9 in column (d) | | | 5,402. |
| | 11 71 | Net income summary. Subtract line 1 Gaming. Complete if the organical complete if the organical complete in the organical | | | | 15,326. |
| | | than \$15,000 on Form 990-E | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Exper | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes% | Yes% | Yes% | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 | through 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtra | act line 7 from line 1, col | umn (d) | | |
| 9 a | ls | nter the state(s) in which the organizat | | | | . Yes No |
| b | lf | "No," explain: | | | | |
| | | ere any of the organization's gaming I "Yes," explain: | icenses revoked, suspe | | ng the tax year? | Yes No |
| | | | | | | |

| Sched | ule G (Form 990 or 990-EZ) 2016 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? |
| 13 | Indicate the percentage of gaming activity conducted in: |
| a | The organization's facility 13a % |
| 14 | An outside facility |
| | records: |
| | Name ▶ |
| | Address ▶ |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming |
| | revenue? Yes No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the |
| c | amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party: |
| Ü | |
| | Name ▶ |
| | Address ▶ |
| 16 | Gaming manager information: |
| | Name ▶ |
| | Gaming manager compensation ► \$ |
| | Description of services provided ▶ |
| | Director/officer |
| 17 | Mandatory distributions: |
| ., | Is the organization required under state law to make charitable distributions from the gaming proceeds to |
| | retain the state gaming license? |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations |
| | or spent in the organization's own exempt activities during the tax year ▶ \$ |
| Par | Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). |
| SCH | EDULE G PART II |
| 0011 | |
| DIR | ECT EXPENSES FOR FUNDRAISING EVENTS ARE REPORTED ON PART IX STATEMENT |
| OF : | FUNCTIONAL EXPENSES LINE 12 COLUMN D IN ORDER TO MAINTAIN THE |
| FUN | CTIONAL EXPENSE ALLOCATION PERCENTAGES AS REPORTED IN THE AUDITED |
| FIN. | ANCIALS. |
| | |
| | |
| | |
| | 0. b. data 0 (F 000 000 FT) 0040 |

Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

►Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

GLOBAL ACTION

Employer identification number

84-1471157

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

| | Complete if the organization ar | iswered "Yes" on Form 990, Part IV, line 25 | ba or 25b, or Form 990-EZ, Part V, line 40b. | | |
|-----|---|--|--|---------|----|
| 4 | (a) Name of discussified pages | (b) Relationship between disqualified person and | | (d) Cor | No |
| ' | (a) Name of disqualified person | organization | (c) Description of transaction | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| 2 | Enter the amount of tax incurred by | the organization managers or disqualified | persons during the year | | |
| | under section 4958 | | ▶ \$ | | |
| 3 | Enter the amount of tax, if any, on lin | e 2, above, reimbursed by the organization. | > \$ | | |

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | fron | an to or n the zation? | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Writter agreement | |
|-------------------------------|------------------------------------|---------------------|------|------------------------------|--------------------------------------|-----------------|-----------------|----|---|----|--------------------------|----|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) LARS DUNBERG | SEE PART V | SEE PART V | Х | | 100,000. | 95,813. | | Х | Х | | Х | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total | <u> </u> | 1 | | | • | \$ 95,813. | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

PART II

LARS DUNBERG, FORMER PRESIDENT, WAS OWED \$100,000 OF UNREIMBURSED

BUSINESS EXPENSES AT HIS RESIGNATION.

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

GLOBAL ACTION

84-1471157

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) 2016 Page 2

Name of the organization

GLOBAL ACTION

84-1471157

39,412.

FORM 990, PART XII, LINE 2C - EXPLANATION OF RESPONSIBILITY

THE FINANCE & AUDIT COMMITTEE OF THE BOARD IS RESPONSIBLE FOR OVERSIGHT

OF THE REVIEW PROCESS AND SELECTION OF THE INDEPENDENT ACCOUNTING FIRM

USED. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GLOBAL ACTION IS A NONPROFIT RELIGIOUS ORGANIZATION, INCORPORATED IN 1998, WHOSE PURPOSE IS TO PROCLAIM THE KINGDOM OF GOD IN WORD AND DEED TO PEOPLE AROUND THE WORLD AND SERVE THE CHURCH BY EMPOWERING, TRAINING, MOTIVATING, AND MOBILIZING ITS PEOPLE SO THAT THEY BECOME

ATTACHMENT 2

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

FULLY DEVOTED FOLLOWERS OF CHRIST.

UNITED KINGDOM

UKRAINE

INDIA

HONDURAS

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

SEE SCHEDULE O PART VIII

TOTAL 39,412.

Schedule O (Form 990 or 990-EZ) 2016 Page **2**

Name of the organization

GLOBAL ACTION

84-1471157

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES | NET INCOME |
|--------------------------|-----------------|--------------------|---------------|
| SEE SCHEDULE O PART VIII | 20,727. | 5,402. | 15,325. |
| TOTALS | 20,727. | 5,402. | 15,325. |