

# Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18**, and ending **06/30/19**

**20-0238931**

## GLOBAL OUTREACH DEVELOPMENTS

**Net Asset / Fund Balance at Beginning of Year** **1,741,806**

### Revenue

Contributions	<u>818,147</u>
Program service revenue	<u>1,398,013</u>
Investment income	<u>792</u>
Capital gain / loss	<u>839</u>

#### Fundraising / Gaming:

Gross revenue \_\_\_\_\_

Direct expenses \_\_\_\_\_

Net income \_\_\_\_\_

Other income 15,312

#### Total revenue

**2,233,103**

### Expenses

Program services	<u>1,491,736</u>
Management and general	<u>691,677</u>
Fundraising	<u>5,909</u>

#### Total expenses

**2,189,322**

#### Excess / (deficit)

**43,781**

Changes

**115,379**

**Net Asset / Fund Balance at End of Year**

**1,900,966**

### Reconciliation of Revenue

Total revenue per financial statements **2,356,624**

Less:

Unrealized gains **-198**

Donated services **73,536**

Recoveries \_\_\_\_\_

Other **50,183**

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total revenue per return** **2,233,103**

### Reconciliation of Expenses

Total expenses per financial statements **2,313,041**

Less:

Donated services **73,536**

Prior year adjustments \_\_\_\_\_

Losses \_\_\_\_\_

Other **50,183**

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total expenses per return** **2,189,322**

### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,728,855</u>	<u>3,541,032</u>	
Liabilities	<u>987,049</u>	<u>1,640,066</u>	
Net assets	<u><b>1,741,806</b></u>	<u><b>1,900,966</b></u>	<u><b>159,160</b></u>

### Miscellaneous Information

Amended return \_\_\_\_\_

Return / extended due date **05/15/19**

Failure to file penalty \_\_\_\_\_

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19**u Do not send to the IRS. Keep for your records.**  
**u Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2018**

Name of exempt organization

**GLOBAL OUTREACH DEVELOPMENTS**

Employer identification number

**20-0238931**

Name and title of officer

**GREGG GARNER  
PRESIDENT AND CEO****Part I Type of Return and Return Information (Whole Dollars Only)**

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

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>2,233,103</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize **BLANKENSHIP CPA GROUP, PLLC** to enter my PIN **38931** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **02/08/20****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**62701921540**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } **02/08/20****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So****For Paperwork Reduction Act Notice, see back of form.**Form **8879-EO** (2018)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**GLOBAL OUTREACH DEVELOPMENTS**

Doing business as **GOD INTERNATIONAL**

Number and street (or P.O. box if mail is not delivered to street address)

**401 CENTER ST**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**OLD HICKORY**

**TN 37138**

**D** Employer identification number

**20-0238931**

**E** Telephone number

**615-832-2470**

**G** Gross receipts \$ **2,283,947**

**F** Name and address of principal officer:

**GREGG GARNER**

**401 CENTER STREET**

**OLD HICKORY**

**TN 37138**

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) **t** (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: **WWW.GODINTERNATIONAL.ORG**

**H(c)** Group exemption number **u**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u**

**L** Year of formation: **1996**

**M** State of legal domicile: **TN**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	5	
	4	3	
	5	57	
	6	750	
Revenue	7a	0	
	7b	0	
	8	Prior Year	Current Year
	9	945,078	818,147
	10	13,834	1,631
Expenses	11	-2,615	15,312
	12	956,297	2,233,103
	13		0
	14		0
	15	614,170	917,779
Net Assets or Fund Balances	16a		0
	b	5,909	
	17	1,227,875	1,271,543
	18	1,842,045	2,189,322
	19	-885,748	43,781
Net Assets or Fund Balances	20	Beginning of Current Year	End of Year
	21	2,728,855	3,541,032
	22	987,049	1,640,066

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	GREGG GARNER		PRESIDENT AND CEO	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	LISA E. MCINTOSH, CPA			
Paid Preparer Use Only	Firm's name		Firm's EIN	
	BLANKENSHIP CPA GROUP, PLLC		45-0491842	
Paid Preparer Use Only	Firm's address		Phone no.	
	2672 NORTH MT JULIET RD. MT JULIET, TN 37122-8015		615-889-1153	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

**Part III Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **964,804** including grants of \$ ) (Revenue \$ **584,779** )

**EDUCATIONAL ENDEAVORS - OUR EDUCATIONAL PROGRAMS INCLUDE A LOCAL COMMUNITY SCHOOL WITHIN A LOW INCOME NEIGHBORHOOD, WHICH OFFERS INNOVATIVE, ALTERNATIVE EDUCATION FOR K-12. WE OFFER AFTER-SCHOOL TUTORING PROGRAMS FOR LOW-INCOME YOUTH WITHIN OUR SCHOOL DISTRICT AT FIVE SITE LOCATIONS. ADDITIONALLY, WE OFFER POSTSECONDARY COLLEGIATE STUDIES WITH DEGREES IN COMMUNITY DEVELOPMENT AND ETHICS. WE HAVE INITIATED A 3RD WORLD DEVELOPMENT TRAINING SCHOOL WITHIN UGANDA, A VOCATIONAL SCHOOL IN KENYA, AN AFTER-SCHOOL PROGRAM IN THE PHILIPPINES, AS WELL AS TEACHER TRAINING AND AFTER-SCHOOL TUTORING PROGRAMS IN EL SALVADOR & INDIA.**

**4b** (Code: ) (Expenses \$ **240,191** including grants of \$ ) (Revenue \$ **494,272** )

**COMMUNITY SERVICE AND ADVOCACY - UTILIZING RESOURCEFUL AND INNOVATIVE TECHNIQUES, WE RESPOND TO ISSUES RELATED TO THE LIVING ENVIRONMENT OF COMMUNITIES; HERE AND ABROAD. DEALING WITH FUNDAMENTAL MATTERS RELATED TO THE SYSTEMS THAT PRODUCE FOOD, WATER, SHELTER AND EDUCATION, THE IMPLEMENTATION OF THESE PROGRAMS DRAMATICALLY IMPROVES THE QUALITY OF LIFE FOR THOSE WE SERVE. WE DO PRIORITIZE THESE SERVICES TO MORE VULNERABLE POPULATIONS SUCH AS ORPHANS, IMPOVERISHED CHILDREN, WIDOWS, THE HANDICAPPED, SINGLE MOTHERS AND THE ELDERLY.**

**4c** (Code: ) (Expenses \$ **286,741** including grants of \$ ) (Revenue \$ **318,962** )

**3RD WORLD DEVELOPMENT AND GLOBAL AWARENESS PROJECTS AND PROGRAMS - WITH A FOCUS IN 4 REGIONS OF THE WORLD: INDIA, EAST AFRICA, LATIN AMERICA AND SOUTHEAST ASIA, OUR LOCALIZED APPROACH IMPLEMENTS THE MODEL FORMED AT OUR INTERNATIONAL HEADQUARTERS IN NASHVILLE, TN AND FOCUSES ON HOLISTIC, SUSTAINABLE GRASSROOTS COMMUNITY DEVELOPMENT WHERE EMPHASIS IS PLACED ON THE EDUCATION OF LOCALS, INCLUDING THE KIND OF EMPOWERMENT THAT LEADS TO SELF-RELIANCE AND LONG TERM SUSTAINABILITY. WE HAVE FACILITATED BUILDING SEMINARS AND MAJOR PROJECTS (EL SALVADOR, UGANDA, KENYA, AND THE PHILIPPINES), FARMING SEMINARS (KENYA, UGANDA, PHILIPPINES, EL SALVADOR) AND WELL-REPAIR AND PUBLIC HEALTH SEMINARS (UGANDA, EL SAL, PHILIPPINES, KENYA, INDIA).**

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **u 1,491,736**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>X</b>	
<b>b</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	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> 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)		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>10</b>
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 57		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: <b>U</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X

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

**Section A. Governing Body and Management**

	1a	5	1b	3	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....						
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....						<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....						<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....						<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....						<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....						<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....						<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....						<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
<b>a</b> The governing body? .....					<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....					<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....						<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....		<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....		<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....		
<b>13</b> Did the organization have a written whistleblower policy? .....		<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy? .....		<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....		<b>X</b>
<b>b</b> Other officers or key employees of the organization .....		<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **u** **TN** .....

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) .....

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. ....

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**  
**MICHAEL JOHNSON** **401 CENTER ST**  
**OLD HICKORY** **TN 37138** **615-832-2470**



**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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGG GARNER	50.00									
PRESIDENT AND CEO	0.00	X		X				20,580	0	0
(2) JASON ROUFS	50.00									
VICE PRESIDENT	0.00	X		X				29,165	0	0
(3) JENNIFER NYAGO	50.00									
SECRETARY	0.00	X		X				9,756	0	0
(4) MICHAEL JOHNSON	50.00									
TREASURER	0.00	X		X				17,270	0	0
(5) ADAM LOEFFLER	20.00									
TRUSTEE	0.00	X						0	0	0
(6) LAURIE KAGAY	32.00									
TRUSTEE	0.00	X						0	0	0
(7) ROSEMARY SHERROD	32.00									
TRUSTEE	0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>818,147</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>36,393</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>818,147</b>			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> ACADEMY TUITION AND FEES		<b>584,779</b>	<b>584,779</b>		
	<b>b</b> INSTITUTE TUITION AND FEES		<b>494,272</b>	<b>494,272</b>		
	<b>c</b> SERVICE REVENUE		<b>318,962</b>	<b>318,962</b>		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>1,398,013</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>792</b>	<b>792</b>		
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents	<b>55,877</b>				
	<b>b</b> Less: rental exps.	<b>50,183</b>				
	<b>c</b> Rental inc. or (loss)	<b>5,694</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>	<b>5,694</b>			<b>5,694</b>
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			<b>1,500</b>			
	<b>b</b> Less: cost or other basis & sales exps.		<b>661</b>			
	<b>c</b> Gain or (loss)		<b>839</b>			
	<b>d</b> Net gain or (loss)	<b>u</b>	<b>839</b>	<b>839</b>		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> OTHER INCOME			<b>9,618</b>			<b>9,618</b>
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		<b>9,618</b>			
<b>12 Total revenue.</b> See instructions.	<b>u</b>		<b>2,233,103</b>	<b>1,399,644</b>	<b>0</b>	<b>15,312</b>

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>76,772</b>	<b>61,418</b>	<b>15,354</b>	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>657,165</b>	<b>525,737</b>	<b>131,428</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>137,346</b>	<b>106,795</b>	<b>30,551</b>	
<b>10</b> Payroll taxes	<b>46,496</b>	<b>36,153</b>	<b>10,343</b>	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>877</b>	<b>499</b>	<b>378</b>	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>197,170</b>	<b>97,072</b>	<b>94,914</b>	<b>5,184</b>
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>444,957</b>	<b>411,735</b>	<b>33,222</b>	
<b>14</b> Information technology	<b>16,258</b>	<b>14,748</b>	<b>1,510</b>	
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>163,416</b>	<b>10,311</b>	<b>153,105</b>	
<b>17</b> Travel	<b>112,799</b>	<b>105,455</b>	<b>6,884</b>	<b>460</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>62,848</b>		<b>62,848</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>86,900</b>	<b>5,916</b>	<b>80,984</b>	
<b>23</b> Insurance	<b>39,963</b>	<b>255</b>	<b>39,708</b>	
<b>24</b> 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.)				
<b>a</b> <b>IN-KIND</b>	<b>102,929</b>	<b>89,429</b>	<b>13,500</b>	
<b>b</b> <b>DUES &amp; SUBSCRIPTIONS</b>	<b>13,410</b>	<b>12,491</b>	<b>654</b>	<b>265</b>
<b>c</b> <b>MISCELLANEOUS</b>	<b>8,656</b>	<b>2,317</b>	<b>6,339</b>	
<b>d</b> <b>BENEVOLENCE</b>	<b>7,950</b>	<b>5,572</b>	<b>2,378</b>	
<b>e</b> All other expenses	<b>13,410</b>	<b>5,833</b>	<b>7,577</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>2,189,322</b>	<b>1,491,736</b>	<b>691,677</b>	<b>5,909</b>
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	215,570	1	143,666
	2 Savings and temporary cash investments	73,395	2	64,617
	3 Pledges and grants receivable, net		3	10,000
	4 Accounts receivable, net	99,195	4	119,542
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	27,500	6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,162	9	8,541
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,450,622		
	b Less: accumulated depreciation	10b 615,023	10c 2,005,243	2,835,599
	11 Investments—publicly traded securities		11	7,913
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	11,830	14	15,302
	15 Other assets. See Part IV, line 11	287,960	15	335,852
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,728,855	16	3,541,032	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	24,906	17	69,380
	18 Grants payable		18	
	19 Deferred revenue	19,489	19	54,042
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	942,654	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	1,516,644
	26 <b>Total liabilities.</b> Add lines 17 through 25	987,049	26	1,640,066
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,603,589	27	1,728,742
	28 Temporarily restricted net assets	138,217	28	172,224
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	1,741,806	33	1,900,966	
34 <b>Total liabilities and net assets/fund balances</b>	2,728,855	34	3,541,032	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,233,103</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,189,322</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>43,781</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,741,806</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-198</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>115,577</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,900,966</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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.

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

GLOBAL OUTREACH DEVELOPMENTS

Employer identification number

20-0238931

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

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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
- a ☐ **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.**
- 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.**
- 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 requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	897,068	787,388	961,216	945,078	818,147	4,408,897
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	897,068	787,388	961,216	945,078	818,147	4,408,897
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						4,408,897

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	897,068	787,388	961,216	945,078	818,147	4,408,897
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			66,156	66,211	55,877	188,244
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					8,618	8,618
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						4,605,759
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,398,805

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	95.73 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	15	97.11 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;"><input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			

## Part VI

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

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****U** Attach to Form 990, Form 990-EZ, or Form 990-PF.  
**U** Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

Employer identification number

**GLOBAL OUTREACH DEVELOPMENTS****20-0238931**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

GLOBAL OUTREACH DEVELOPMENTS

Employer identification number

20-0238931

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VERN AND KYME AASEBY 18 NAVAJO TRAIL NAPLES FL 34113	\$ 16,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WILLIE AND MARCY PRICE 2616 DAVIDWOOD COURT NASHVILLE TN 37214	\$ 26,805	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMPASS GROUP 2400 YOUKMONT RD CHARLOTTE NC 28217	\$ 18,752	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NETWORK FOR GOOD 1140 CONNETICUT AVE NW, STE 700 WASHINGTON DC 20036	\$ 72,735	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CINCINNATI CHRISTIAL UNIVERSITY 2700 GLENWAY AVE CINCINNATI OH 45204	\$ 21,052	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	MARTHA OBRYAN CENTER 711 SOUTH 7TH STREET NASHVILLE TN 37206	\$ 93,076	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

GLOBAL OUTREACH DEVELOPMENTS

Employer identification number

20-0238931

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PAYPAL GIVING FUND 1250 1 ST NW #1202 WASHINGTON DC 20005	\$ 57,377	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	TN DEPARTMENT OF EDUCATION - NUTRITI 710 JAMES ROBERTSON PKWY NASHVILLE TN 37243	\$ 27,269	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements****u** 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.  
**u** Attach to Form 990.**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

Employer identification number

**GLOBAL OUTREACH DEVELOPMENTS****20-0238931****Part 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 in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year **u** .....

4 Number of states where property subject to conservation easement is located **u** .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u** .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u** \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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 statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition  
☐ b Scholarly research  
☐ c Preservation for future generations  
☐ d Loan or exchange programs  
☐ e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment   1   %  
 b Permanent endowment   1   %  
 c Temporarily restricted endowment   1   %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		299,938		299,938
b Buildings		2,755,455	298,346	2,457,109
c Leasehold improvements				
d Equipment		379,029	304,777	74,252
e Other		16,200	11,900	4,300
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>2,835,599</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	317,280
(2) NOTES RECEIVABLE	17,572
(3) DEPOSITS	1,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	335,852

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTES PAYABLE	1,387,488
(3) NOTES PAYABLE - CURRENT	113,650
(4) CREDIT CARDS PAYABLE	11,972
(5) DONATIONS HELD IN TRUST	3,534
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	1,516,644

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 ☐

**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	Total revenue, gains, and other support per audited financial statements	1	2,356,624
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-198
b	Donated services and use of facilities	2b	73,536
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	50,183
e	Add lines 2a through 2d	2e	123,521
3	Subtract line 2e from line 1	3	2,233,103
4	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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,233,103

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,313,041
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	73,536
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	50,183
e	Add lines 2a through 2d	2e	123,719
3	Subtract line 2e from line 1	3	2,189,322
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,189,322

**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.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

RENT EXPENSES ALLOCATED AGAINST REVENUE \$ 50,183

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

ALLOCATED RENTAL EXPENSES \$ 50,183

## Part XIII Supplemental Information (continued)

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Statement of Activities Outside the United States**u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
u Attach to Form 990.u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection****GLOBAL OUTREACH DEVELOPMENTS**

Employer identification number

**20-0238931****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space 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
<b>SUB-SAHARAN AFRICA</b>					
(1)	2	18	PROGRAM SERVICES	EDUCATION, DEVELOPME	130,020
<b>CENTRAL AMERICA</b>					
(2)	1	5	PROGRAM SERVICES	EDUCATION, DEVELOPME	125,093
<b>EAST ASIA</b>					
(3)	1	7	PROGRAM SERVICES	EDUCATION, DEVELOPME	154,117
<b>SOUTH ASIA</b>					
(4)	1	4	PROGRAM SERVICES	EDUCATION, DEVELOPME	77,144
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....	5	34			486,374
<b>b</b> Total from continuation sheets to Part I .....					
<b>c Totals</b> (add lines 3a and 3b)	5	34			486,374

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

Schedule F (Form 990) 2018



Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

u

u

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)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

## 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 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
SUB-SAHARAN AFRICA	\$ 130,020	\$ 0
CENTRAL AMERICA	\$ 125,093	\$ 0
EAST ASIA	\$ 154,117	\$ 0
SOUTH ASIA	\$ 77,144	\$ 0

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

**U** 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.

**U** Attach to Form 990 or Form 990-EZ.

**U** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open To Public  
Inspection

Employer identification number

20-0238931

GLOBAL OUTREACH DEVELOPMENTS

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				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 ..... **u** \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **u** \$ \_\_\_\_\_

**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	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

**Total** ..... **u** \$ \_\_\_\_\_

**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)				



**SCHEDULE M  
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

**2018****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- U** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**U** Attach to Form 990.  
**U** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**GLOBAL OUTREACH DEVELOPMENTS****20-0238931****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>U</b> ( <b>IN KIND</b> )	<b>X</b>	<b>1</b>	<b>36,393</b>	<b>RETAIL VALUE</b>
26 Other <b>U</b> ( )				
27 Other <b>U</b> ( )				
28 Other <b>U</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

<b>30a</b>		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

<b>31</b>		<b>X</b>

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

<b>32a</b>		<b>X</b>

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2018

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

**GLOBAL OUTREACH DEVELOPMENTS**

Employer identification number

**20-0238931****DOING BUSINESS AS - ADDITIONAL NAMES****GOD INTERNATIONAL****FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

EQUIPS PEOPLE TO BE A GLOBALLY CONSCIOUS COMMUNITY WHO SERVE THE POOR AND MARGINALIZED THROUGH EDUCATION, ADVOCACY AND EMPOWERMENT, DEMONSTRATING UNCONDITIONAL LOVE, IN THE FIELDS OF EDUCATION, PUBLIC HEALTH, SOCIAL SERVICES, AGRICULTURE, JOB CREATION, SUSTAINABLE BUILDING, AND YOUTH DEVELOPMENT.

**FORM 990 - ORGANIZATION'S MISSION**

EQUIPS PEOPLE TO BE A GLOBALLY CONSCIOUS COMMUNITY WHO SERVE THE POOR AND MARGINALIZED THROUGH EDUCATION, ADVOCACY AND EMPOWERMENT, DEMONSTRATING UNCONDITIONAL LOVE, IN THE FIELDS OF EDUCATION, PUBLIC HEALTH, SOCIAL SERVICES, AGRICULTURE, JOB CREATION, SUSTAINABLE BUILDING, AND YOUTH DEVELOPMENT.

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS****COMMUNITY ARTS EDUCATION****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

THE ORGANIZATION'S PRESIDENT, CFO AND BOARD OF DIRECTORS' REVIEW THE FORM PRIOR TO FILING WITH THE IRS.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

Name of the organization

Employer identification number

**GLOBAL OUTREACH DEVELOPMENTS**

**20-0238931**

**THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.**

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**RENT EXPENSES ALLOCATED AGAINST REVENUE** **\$ 50,183**

**ALLOCATED RENTAL EXPENSES** **\$ -50,183**

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)  
 Name(s) shown on return

# Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

# 2018

 Attachment Sequence No. **179**
**GLOBAL OUTREACH DEVELOPMENTS**

 Identifying number  
**20-0238931**

Business or activity to which this form relates

## INDIRECT DEPRECIATION

### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

### Part III MACRS Depreciation (Don't include listed property. See instructions.)

#### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	37,429
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

#### Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

#### Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	37,429
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2018)  
**THERE ARE NO AMOUNTS FOR PAGE 2**

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Dep	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
7	ROOF	7/01/13	1,050			X	525	7	HY 200DB	886	33
8	IPAD	8/01/13	555			X	277	7	HY 200DB	555	0
9	GUITAR CENTER	3/01/13	2,425			X	1,212	7	HY 200DB	2,425	0
10	COLD FRAME BUILDING greenhouse	10/01/13	4,100			X	2,050	15	HY 150DB	4,100	0
11	MODULAR brown bldg	1/01/13	56,086				56,086	39	MM S/L	5,692	720
12	ELEM SCHOOL REMODEL	9/01/13	2,690				2,690	39	MM S/L	227	35
13	PARSONAGE FLOORING	3/01/13	1,387			X	693	15	HY 150DB	1,387	0
14	TRIPLEX EAST AFRICA	8/01/13	49,446				49,446	39	MM S/L	4,279	634
15	PAVILION	9/01/13	2,318			X	1,159	15	HY 150DB	2,318	0
19	MEDICAL ROOM SUPPLIES	12/20/14	3,500			X	1,750	7	MQ 200DB	3,500	0
21	RIO GRANDE FENCE	6/06/16	8,678				8,678	7	HY 200DB	1,240	1,062
22	SEEDER	2/16/16	625			X	312	5	HY 200DB	375	50
23	5X8 ENCL TRAILER	4/01/16	375				375	5	HY 200DB	75	60
24	FOOD TRUCK	5/22/15	5,000				5,000	5	HY 200DB	5,000	0
25	equip ag	7/31/11	1,688			X	0	5	HY 200DB	1,688	0
26	water catch	7/01/13	1,605			X	802	15	HY 150DB	1,605	0
27	chicken coop	8/01/15	1,543			X	771	15	HY 150DB	1,543	0
28	furn and equip	1/01/15	315,802			X	157,901	7	HY 200DB	222,783	13,289
29	2016 equip	5/05/16	7,717				7,717	7	HY 200DB	1,102	945
30	Academy bldg	12/01/15	148,565				148,565	39	MM S/L	7,618	1,905
31	bldg remodel	3/15/16	117,566				117,566	39	MM S/L	2,386	1,508
32	hot dog cart	4/17/15	1,500			X	750	7	HY 200DB	1,500	0
33	storage barn	7/31/11	2,500			X	0	15	HY 150DB	2,500	0
34	p lot and roads	12/01/15	13,867				13,867	39	MM S/L	356	177
35	p lot and roads	5/05/16	104,732				104,732	39	MM S/L	1,678	1,343
36	mod improvements	9/30/11	3,311				3,311	39	MM S/L	340	42
37	main bldg	1/01/09	381,000				381,000	39	MM S/L	48,601	4,885
38	hadley	12/31/12	286,182				286,182	39	MM S/L	36,507	3,669
39	warehouse	10/31/11	30,674				30,674	39	MM S/L	3,912	393
40	warehouse office	12/31/12	1,124				1,124	39	MM S/L	144	14
41	amphitheater	9/30/15	4,378				4,378	39	MM S/L	404	56
42	cumberland parsonage	12/31/12	172,078				172,078	39	MM S/L	21,951	2,206
43	paersonage studio	12/31/12	12,228				12,228	39	MM S/L	1,553	156
44	hermitage bldg	6/30/12	51,926				51,926	39	MM S/L	6,623	666
45	hvac	11/13/15	3,712			X	1,856	15	HY 150DB	3,712	0
46	210 commerce	11/30/16	80,308				80,308	39	MM S/L	257	1,030
47	pavillion floor	11/30/15	6,893			X	3,446	15	HY 150DB	6,893	0
48	la bldg 123	1/01/15	8,734				8,734	39	MM S/L	1,017	112
49	res bldg 1	4/30/15	4,590			X	2,295	5	HY 200DB	4,590	0
50	res bldg 2	4/30/15	6,324			X	3,162	5	HY 200DB	6,324	0
54	tandem axle trailer	1/31/11	3,791			X	0	7	HY 200DB	3,791	0
55	Public Bathrooms	10/18/17	45,562			X	45,562	15	MQ S/L	0	1,519
56	Nyumba Renovations	11/03/17	27,600			X	27,600	15	MQ S/L	0	920
			<u>1,985,735</u>				<u>1,798,788</u>			<u>423,437</u>	<u>37,429</u>
<b>Other Depreciation:</b>											
16	SOUND SYSTEM/CENTER STREE	11/01/14	2,879				2,879	4	MO 200DB	2,879	0
17	LIGHTS/CENTER STREET	11/01/14	1,300				1,300	4	MO 200DB	1,300	0
18	RISERS/ARTS PROGRAM	11/01/14	672				672	4	MO 200DB	672	0
20	HOPKINS LAND	2/02/16	16,500				16,500	0	-- Land	0	0
51	land	1/01/15	39,925				39,925	0	-- Land	0	0
52	ea land	1/01/15	20,784				20,784	0	-- Land	0	0
53	other land	1/01/15	57,681				57,681	0	-- Land	0	0
	<b>Total Other Depreciation</b>		<u>139,741</u>				<u>139,741</u>			<u>4,851</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>139,741</u>				<u>139,741</u>			<u>4,851</u>	<u>0</u>
<b>Listed Property:</b>											
1	1997 FORD RANGER	1/01/10	2,200			X	-1,100	5	HY 200DB	2,137	0
4	2006 FORD F350 12 PASS	1/01/10	8,000			X	-4,000	5	HY 200DB	7,770	0

6710005 GLOBAL OUTREACH DEVELOPMENTS

20-0238931

FYE: 6/30/2019

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			<u>10,200</u>			<u>-5,100</u>		<u>9,907</u>	<u>0</u>
	<b>Grand Totals</b>		2,135,676			1,933,429		438,195	37,429
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>2,135,676</u>			<u>1,933,429</u>		<u>438,195</u>	<u>37,429</u>

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>										
21	RIO GRANDE FENCE	6/06/16	8,678				8,678	7 HY 150DB	930	830
22	SEEDER	2/16/16	625			X	312	5 HY 200DB	375	50
23	5X8 ENCL TRAILER	4/01/16	375				375	5 HY 150DB	56	48
24	FOOD TRUCK	5/22/15	5,000				5,000	5 HY 150DB	2,025	595
25	equip ag	7/31/11	1,688			X	0	5 HY 200DB	1,688	0
26	water catch	7/01/13	1,605			X	802	15 HY 150DB	1,289	16
27	chicken coop	8/01/15	1,543			X	771	15 HY 150DB	883	33
28	furn and equip	1/01/15	315,802			X	157,901	7 HY 150DB	315,802	0
29	2016 equip	5/05/16	7,717				7,717	7 HY 150DB	827	738
30	Academy bldg	12/01/15	148,565				148,565	39 MMS/L	3,968	1,905
31	bldg remodel	3/15/16	117,566				117,566	39 MMS/L	2,386	1,508
32	hot dog cart	4/17/15	1,500			X	750	7 HY 200DB	1,500	0
33	storage barn	7/31/11	2,500			X	0	15 HY 150DB	2,500	0
34	p lot and roads	12/01/15	13,867				13,867	39 MMS/L	356	177
35	p lot and roads	5/05/16	104,732				104,732	39 MMS/L	1,678	1,343
36	mod improvements	9/30/11	3,311				3,311	39 MMS/L	449	43
37	main bldg	1/01/09	381,000				381,000	39 MMS/L	77,747	4,884
38	hadley	12/31/12	286,182				286,182	39 MMS/L	29,658	3,669
39	warehouse	10/31/11	30,674				30,674	39 MMS/L	4,096	394
40	warehouse office	12/31/12	1,124				1,124	39 MMS/L	116	15
41	amphitheater	9/30/15	4,378				4,378	39 MMS/L	145	56
42	cumberland parsonage	12/31/12	172,078				172,078	39 MMS/L	17,833	2,206
43	paersonage studio	12/31/12	12,228				12,228	39 MMS/L	1,267	157
44	hermitage bldg	6/30/12	51,926				51,926	39 MMS/L	6,047	666
45	hvac	11/13/15	3,712			X	1,856	15 HY 150DB	2,125	79
46	210 commerce	11/30/16	80,308				80,308	39 MMS/L	257	1,030
47	pavillion floor	11/30/15	6,893			X	6,184	15 HY 150DB	709	309
48	la bldg 123	1/01/15	8,734				8,734	39 MMS/L	439	112
49	res bldg 1	4/30/15	4,590			X	2,295	5 HY 200DB	3,488	221
50	res bldg 2	4/30/15	6,324			X	3,162	5 HY 200DB	4,806	304
54	tandem axle trailer	1/31/11	3,791			X	0	7 HY 200DB	3,791	0
55	Public Bathrooms	10/18/17	4,562		X	X	0	15 MQ S/L	0	0
56	Nyumba Renovations	11/03/17	27,600			X	27,600	15 MQ S/L	0	920
			<u>1,821,178</u>				<u>1,640,076</u>		<u>489,236</u>	<u>22,308</u>

**Other Depreciation:**

7	ROOF	7/01/13	0				0	0 HY	0	0
8	IPAD	8/01/13	0				0	0 HY	0	0
9	GUITAR CENTER	3/01/13	0				0	0 HY	0	0
10	COLD FRAME BUILDING greenhouse	10/01/13	0				0	0 HY	0	0
11	MODULAR brown bldg	1/01/13	0				0	0 HY	0	0
12	ELEM SCHOOL REMODEL	9/01/13	0				0	0 HY	0	0
13	PARSONAGE FLOORING	3/01/13	0				0	0 HY	0	0
14	TRIPLEX EAST AFRICA	8/01/13	0				0	0 HY	0	0
15	PAVILION	9/01/13	0				0	0 HY	0	0
16	SOUND SYSTEM/CENTER STREE	11/01/14	0				0	0 HY	0	0
17	LIGHTS/CENTER STREET	11/01/14	0				0	0 HY	0	0
18	RISERS/ARTS PROGRAM	11/01/14	0				0	0 HY	0	0
19	MEDICAL ROOM SUPPLIES	12/20/14	0				0	0 HY	0	0
20	HOPKINS LAND	2/02/16	0				0	0 HY	0	0
51	land	1/01/15	0				0	0 HY	0	0
52	ea land	1/01/15	0				0	0 HY	0	0
53	other land	1/01/15	0				0	0 HY	0	0

**Total Other Depreciation**

<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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**Total ACRS and Other Depreciation**

<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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**Listed Property:**

1	1997 FORD RANGER	1/01/10	0				0	0 HY	0	0
4	2006 FORD F350 12 PASS	1/01/10	0				0	0 HY	0	0

6710005 GLOBAL OUTREACH DEVELOPMENTS

20-0238931

FYE: 6/30/2019

## AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		1,821,178			1,640,076		489,236	22,308
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>1,821,178</u>			<u>1,640,076</u>		<u>489,236</u>	<u>22,308</u>

**Bonus Depreciation Report****Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	1997 FORD RANGER	1/01/10	2,200		0	0	1,100	-1,100
4	2006 FORD F350 12 PASS	1/01/10	8,000		0	0	4,000	-4,000
7	ROOF	7/01/13	1,050		0	0	525	525
8	IPAD	8/01/13	555		0	0	278	277
9	GUITAR CENTER	3/01/13	2,425		0	0	1,213	1,212
10	COLD FRAME BUILDING greenhouse	10/01/13	4,100		0	0	2,050	2,050
13	PARSONAGE FLOORING	3/01/13	1,387		0	0	694	693
15	PAVILION	9/01/13	2,318		0	0	1,159	1,159
19	MEDICAL ROOM SUPPLIES	12/20/14	3,500		0	0	1,750	1,750
22	SEEDER	2/16/16	625		0	0	313	312
25	equip ag	7/31/11	1,688		0	0	1,688	0
26	water catch	7/01/13	1,605		0	0	803	802
27	chicken coop	8/01/15	1,543		0	0	772	771
28	furn and equip	1/01/15	315,802		0	0	157,901	157,901
32	hot dog cart	4/17/15	1,500		0	0	750	750
33	storage barn	7/31/11	2,500		0	0	2,500	0
45	hvac	11/13/15	3,712		0	0	1,856	1,856
47	pavillion floor	11/30/15	6,893		0	0	3,447	3,446
49	res bldg 1	4/30/15	4,590		0	0	2,295	2,295
50	res bldg 2	4/30/15	6,324		0	0	3,162	3,162
54	tandem axle trailer	1/31/11	3,791		0	0	3,791	0
55	Public Bathrooms	10/18/17	45,562		0	0	0	45,562
56	Nyumba Renovations	11/03/17	27,600		0	0	0	27,600
<b>Grand Total</b>			<u>449,270</u>		<u>0</u>	<u>0</u>	<u>192,047</u>	<u>247,023</u>



**Depreciation Adjustment Report****All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	21	RIO GRANDE FENCE	1,062	830	232
Page 1	1	22	SEEDER	50	50	0
Page 1	1	23	5X8 ENCL TRAILER	60	48	12
Page 1	1	24	FOOD TRUCK	0	595	-595
Page 1	1	25	equip ag	0	0	0
Page 1	1	26	water catch	0	16	-16
Page 1	1	27	chicken coop	0	33	-33
Page 1	1	28	furn and equip	13,289	0	13,289
Page 1	1	29	2016 equip	945	738	207
Page 1	1	30	Academy bldg	1,905	1,905	0
Page 1	1	31	bldg remodel	1,508	1,508	0
Page 1	1	32	hot dog cart	0	0	0
Page 1	1	33	storage barn	0	0	0
Page 1	1	34	p lot and roads	177	177	0
Page 1	1	35	p lot and roads	1,343	1,343	0
Page 1	1	36	mod improvements	42	43	-1
Page 1	1	37	main bldg	4,885	4,884	1
Page 1	1	38	hadley	3,669	3,669	0
Page 1	1	39	warehouse	393	394	-1
Page 1	1	40	warehouse office	14	15	-1
Page 1	1	41	amphitheater	56	56	0
Page 1	1	42	cumberland parsonage	2,206	2,206	0
Page 1	1	43	paersonage studio	156	157	-1
Page 1	1	44	hermitage bldg	666	666	0
Page 1	1	45	hvac	0	79	-79
Page 1	1	46	210 commerce	1,030	1,030	0
Page 1	1	47	pavillion floor	0	309	-309
Page 1	1	48	la bldg 123	112	112	0
Page 1	1	49	res bldg 1	0	221	-221
Page 1	1	50	res bldg 2	0	304	-304
Page 1	1	54	tandem axle trailer	0	0	0
Page 1	1	55	Public Bathrooms	1,519	0	1,519
Page 1	1	56	Nyumba Renovations	920	920	0
				<u>36,007</u>	<u>22,308</u>	<u>13,699</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
7	ROOF	7/01/13	1,050	87	0
8	IPAD	8/01/13	555	0	0
9	GUITAR CENTER	3/01/13	2,425	0	0
10	COLD FRAME BUILDING greenhouse	10/01/13	4,100	0	0
11	MODULAR brown bldg	1/01/13	56,086	1,438	0
12	ELEM SCHOOL REMODEL	9/01/13	2,690	68	0
13	PARSONAGE FLOORING	3/01/13	1,387	0	0
14	TRIPLEX EAST AFRICA	8/01/13	49,446	1,268	0
15	PAVILION	9/01/13	2,318	0	0
19	MEDICAL ROOM SUPPLIES	12/20/14	3,500	0	0
21	RIO GRANDE FENCE	6/06/16	8,678	1,822	1,977
22	SEEDER	2/16/16	625	133	133
23	5X8 ENCL TRAILER	4/01/16	375	160	181
24	FOOD TRUCK	5/22/15	5,000	0	2,380
25	equip ag	7/31/11	1,688	0	0
26	water catch	7/01/13	1,605	0	32
27	chicken coop	8/01/15	1,543	0	63
28	furn and equip	1/01/15	315,802	31,892	0
29	2016 equip	5/05/16	7,717	1,620	1,758
30	Academy bldg	12/01/15	148,565	3,809	3,809
31	bldg remodel	3/15/16	117,566	3,014	3,014
32	hot dog cart	4/17/15	1,500	0	0
33	storage barn	7/31/11	2,500	0	0
34	p lot and roads	12/01/15	13,867	356	356
35	p lot and roads	5/05/16	104,732	2,686	2,686
36	mod improvements	9/30/11	3,311	85	85
37	main bldg	1/01/09	381,000	9,769	9,770
38	hadley	12/31/12	286,182	7,338	7,338
39	warehouse	10/31/11	30,674	786	786
40	warehouse office	12/31/12	1,124	29	29
41	amphitheater	9/30/15	4,378	113	112
42	cumberland parsonage	12/31/12	172,078	4,413	4,412
43	paersonage studio	12/31/12	12,228	314	314
44	hermitage bldg	6/30/12	51,926	1,332	1,331
45	hvac	11/13/15	3,712	0	151
46	210 commerce	11/30/16	80,308	2,059	2,059
47	pavillion floor	11/30/15	6,893	0	588
48	la bldg 123	1/01/15	8,734	224	223
49	res bldg 1	4/30/15	4,590	0	881
50	res bldg 2	4/30/15	6,324	0	1,214
54	tandem axle trailer	1/31/11	3,791	0	0
55	Public Bathrooms	10/18/17	45,562	2,936	0
56	Nyumba Renovations	11/03/17	27,600	1,779	1,779
			<u>1,985,735</u>	<u>79,530</u>	<u>47,461</u>

**Other Depreciation:**

16	SOUND SYSTEM/CENTER STREE	11/01/14	2,879	0	0
17	LIGHTS/CENTER STREET	11/01/14	1,300	0	0
18	RISERS/ARTS PROGRAM	11/01/14	672	0	0
20	HOPKINS LAND	2/02/16	16,500	0	0
51	land	1/01/15	39,925	0	0
52	ea land	1/01/15	20,784	0	0
53	other land	1/01/15	57,681	0	0
<b>Total Other Depreciation</b>			<u>139,741</u>	<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>139,741</u>	<u>0</u>	<u>0</u>

**Listed Property:**

1	1997 FORD RANGER	1/01/10	2,200	0	0
4	2006 FORD F350 12 PASS	1/01/10	8,000	0	0

6710005 GLOBAL OUTREACH DEVELOPMENTS

20-0238931

**Future Depreciation Report**

**FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			<u>10,200</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>2,135,676</u>	<u>79,530</u>	<u>47,461</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>		<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>			

Name

Taxpayer Identification Number

**GLOBAL OUTREACH DEVELOPMENTS****20-0238931**

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. <b>945,078</b>	<b>818,147</b>	<b>-126,931</b>
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3.		
	4. Program service revenue .....	4.	<b>1,398,013</b>	<b>1,398,013</b>
	5. Investment income .....	5.	<b>792</b>	<b>792</b>
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7. <b>13,834</b>	<b>839</b>	<b>-12,995</b>
	8. Net income or (loss) from fundraising events .....	8.		
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11. <b>-2,615</b>	<b>15,312</b>	<b>17,927</b>
	12. <b>Total revenue.</b> Add lines 1 through 11	12. <b>956,297</b>	<b>2,233,103</b>	<b>1,276,806</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. <b>65,217</b>	<b>76,772</b>	<b>11,555</b>
	16. Salaries, other compensation, and employee benefits .....	16. <b>548,953</b>	<b>841,007</b>	<b>292,054</b>
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. <b>24,692</b>	<b>198,047</b>	<b>173,355</b>
	19. Occupancy, rent, utilities, and maintenance .....	19. <b>128,620</b>	<b>163,416</b>	<b>34,796</b>
	20. Depreciation and Depletion .....	20. <b>64,302</b>	<b>86,900</b>	<b>22,598</b>
	21. Other expenses .....	21. <b>1,010,261</b>	<b>823,180</b>	<b>-187,081</b>
	22. <b>Total expenses.</b> Add lines 13 through 21	22. <b>1,842,045</b>	<b>2,189,322</b>	<b>347,277</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. <b>-885,748</b>	<b>43,781</b>	<b>929,529</b>
<b>Other Information</b>	24. Total exempt revenue .....	24. <b>956,297</b>	<b>2,233,103</b>	<b>1,276,806</b>
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. <b>11,219</b>	<b>1,414,956</b>	<b>1,403,737</b>
	27. Total assets .....	27. <b>2,728,855</b>	<b>3,541,032</b>	<b>812,177</b>
	28. Total liabilities .....	28. <b>987,049</b>	<b>1,640,066</b>	<b>653,017</b>
	29. Retained earnings .....	29. <b>1,741,806</b>	<b>1,900,966</b>	<b>159,160</b>
	30. Number of voting members of governing body .....	30. <b>7</b>	<b>5</b>	
	31. Number of independent voting members of governing body .....	31. <b>3</b>	<b>3</b>	
	32. Number of employees .....	32. <b>46</b>	<b>57</b>	
	33. Number of volunteers .....	33. <b>750</b>	<b>750</b>	

Form <b>990</b>	<b>Tax Return History</b>	<b>2018</b>
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Name <b>GLOBAL OUTREACH DEVELOPMENTS</b>	Employer Identification Number <b>20-0238931</b>
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants .....		787,388	961,216	945,078	818,147	
Membership dues .....						
Program service revenue .....		946,543	962,748		1,398,013	
Capital gain or loss .....			72,427	13,834	839	
Investment income .....					792	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....			14,592	-2,615	15,312	
<b>Total revenue</b> .....		1,733,931	2,010,983	956,297	2,233,103	
Grants and similar amounts paid .....		13,460				
Benefits paid to or for members .....						
Compensation of officers, etc. ....		67,064	70,212	65,217	76,772	
Other compensation .....		537,721	491,255	548,953	841,007	
Professional fees .....		35,685	16,692	24,692	198,047	
Occupancy costs .....		110,496	125,201	128,620	163,416	
Depreciation and depletion .....		68,599	75,682	64,302	86,900	
Other expenses .....		624,730	857,121	1,010,261	823,180	
<b>Total expenses</b> .....		1,457,755	1,636,163	1,842,045	2,189,322	
<b>Excess or (Deficit)</b> .....		276,176	374,820	-885,748	43,781	
Total exempt revenue .....		1,733,931	2,010,983	956,297	2,233,103	
Total unrelated revenue .....						
Total excludable revenue .....		946,543	1,049,767	11,219	1,414,956	
Total Assets .....		2,037,391	2,227,487	2,728,855	3,541,032	
Total Liabilities .....		1,084,687	899,963	987,049	1,640,066	
Net Fund Balances .....		952,704	1,327,524	1,741,806	1,900,966	

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING FEES	\$ 24,323	\$ 24,323	\$	\$
OTHER PROFESSIONAL FEES	172,847	72,749	94,914	5,184
TOTAL	<u>\$ 197,170</u>	<u>\$ 97,072</u>	<u>\$ 94,914</u>	<u>\$ 5,184</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK AND CC FEES	\$ 6,888	\$ 5,833	\$ 1,055	\$
TAXES AND LICENSES	6,522		6,522	
TOTAL	<u>\$ 13,410</u>	<u>\$ 5,833</u>	<u>\$ 7,577</u>	<u>\$ 0</u>

6710005 GLOBAL OUTREACH DEVELOPMENTS

20-0238931

FYE: 6/30/2019

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
GENERAL CONTRIBUTIONS	\$ 637,929
GRANTS	180,218
TOTAL	<u>\$ 818,147</u>

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
VERN AND KYME AASEBY	\$ 11,827	\$
DEREK AND CELESTA BARGATZE	6,504	
MITCHELL AND BRYNN BUCHANAN	13,273	
NATE AND CANNON CAMERON	7,213	
DAN COOK	12,000	
NORMAN OR ZILPHA COX	8,466	
DONALD W. DAVIS	27,000	
MICHAEL AND AMANDA DAVIS	5,336	
SETH AND KRISTINA DAVIS	8,900	
DETAILS NASHVILLE LLC	12,852	
SHAUN AND CANDACE GALFORD	7,145	
GREGG D. AND TARA GARNER	70,104	
BRYAN E. AND ROBIN L. GERARD	6,604	
GARY AND CATHY GERMERAAD	8,020	
CHEYENNE HAWKINS	6,191	
GERALD AND DORISS HOOVER	24,000	
MATTHEW AND CHRISTINA JAMES	7,296	
BRIAN G. JOBE	7,186	
KAREN S. KURTZ	6,300	
KENT AND MARY ANNA LAPP	5,200	
ADAM C. AND LYSSA LOEFFLER	13,344	
LOWE'S CHARITABLE AND ED FOUNDATION	25,000	
JOANN AND GARY E GERMERAAD MARSHALL	5,000	
PAMELA MATHEWS	5,300	
MID- STATE SPORTS LEAGUES	16,929	
MINER FAMILY CHARITABLE TRUST	6,630	
ROBERT AND HEATHER MUNOZ	6,225	
JOHN AND JENNIFER NYAGO	7,972	
ROY JAMES AND SANDRA OAKS	11,550	
RAYMOND AND KAREN PERRYMAN	5,000	
STEFANIE PRICE	5,020	
WILLIE AND MARY PRICE	6,350	
SCOTT AND ROSEMARY SHERROD	78,241	
DAVID AND FRANKIE SPATES	6,000	
THE GOOD NEIGHBOR FOUNDATION	10,000	
WOOD-MIZER LLC	6,000	
BENJAMIN AND LAURA YOUNG	5,575	
TOTAL	\$ 481,553	\$ 0



6710005 GLOBAL OUTREACH DEVELOPMENTS  
20-0238931  
FYE: 6/30/2019

## Federal Statements

### Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 55,877
TOTAL	<u>\$ 55,877</u>

### Schedule A, Part II, Line 9(e)

Description	Amount
OTHER INCOME	\$ 9,618
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	<u>\$ 8,618</u>

### Schedule A, Part II, Line 12 - Current year

Description	Amount
SERVICE REVENUE	\$ 318,962
ACADEMY TUITION AND FEES	584,779
INSTITUTE TUITION AND FEES	494,272
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	652
TAXABLE DIVIDENDS AND INTEREST FROM SECURITIES	<u>140</u>
TOTAL	<u>\$ 1,398,805</u>

6710005 GLOBAL OUTREACH DEVELOPMENTS

20-0238931

## Federal Statements

FYE: 6/30/2019

### Prepaid expenses - EOY

Description	Amount
PREPAID EXPENSES	\$ 8,541
TOTAL	\$ 8,541