Form **990**

Return of Organization Exempt From Income Tax

OM No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organiation may have to use a copy of this return to satisfy state reporting requirements.

<u>A</u>	For the	e 2012 ca	lendar year, or t	ax year beginnin	g		, and e	nding					
В	Check if	applicable:	C Name of organi	ation Global	Outreach Deve	lopments Inte	rnational		D Employ	er iden	tification n	umber	
□.	Address	change	Doing usiness	As				•	20-02389	31			
П	Name ch	ange	Number and str	eet (or P.O. box if ma	il is not delivered to	street address)	Room suite		E Telepho		ber		
Πī	Initial retu	- 3m	401 Center Str	rant					·				
=	Terminati			st office, state, and	IP code				615-832-2	24/0			
=	Amended		Old Hickory	at omoo, otato, and		TN	37138		G Gross s	acainta		4.0	44.000
=						IN	3/ 130	1	G Gross re				44,802
Ш.	Application	on pending	1	ess of principal office		T) . 07040			this a group re			Yes	∐ No
			IGregg D Garne	er 809 Garrett	ay Ct., Antioch,	IN 37013		1	e all affiliates			Yes	No
1 7	Tax-exem	pt status:	us: 501(c)(3) 501(c) (list. (se	e instruction	is)			
JI	Vebsite	: ► NA	\		******			H(c) Gn	oup exemptio	ർമ്പ്വന	ег 🕨		
KF	orm of o	rgani ation:	Corporatio	n Trust .	Association 1	Other >	1 p.	ar of forma			A State of le	asi dominia	
	art I	<u> </u>			, B300000010 III (Janot P		ai oi toiin	anois.		n Grate or let	Jai uomiche.	: TN
			mmary	! -!!!:									
1 riefly describe the organi ation's mission or most significant activities: quipping the international body of													
Φ		Christ to serve the poor and underprivileged through education, experience and empowerment regardless of age, gender, ethnicity, religion and social status demonstrating the love of											
a	1			er, ethnicity, rei	gion and social	status demor	strating the	love of					
Ē		Jesus C											
Š	2			if the organi atio						of its	net asse	ts.	
Activities & Governance	3			pers of the gover						3			3
ties	4	Number	of independent	voting members	s of the governi	ng body (Parti	VI, line 1b) .			4			0
ξĶ	5	Total nu	ımber of individi	uals employed in	calendar year 2	2012 (Part V, I	ine 2a)			5			25
Ä	6	Total nu	imber of volunte	ers (estimate if r	necessary)					6			
	7a	Total un							7a			0	
	b	Net unre	elated business	taxable income	from Form 990-	T, line 34				7b	i		0
									Prior Year		(Current Yea	r
ø	8	Contribu	utions and grant	s (Part VIII, line	e 1ħ)				8	46,880	6	7	81,678
nua	9	Progran	n service revent	ie (Part VIII, line	2g)				5	02,93	1	5	48,044
Revenue	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)						(0	·····	1,928	
	11	Other re							(0		0	
	12			8 through 11 (mu					1,3	49,81	7	1.3	31,650
	13	Grants a	and similar amo	unts paid (Part I	, column (A), li	nes 1 3)			· · · · · · · · · · · · · · · · · · ·		o		0
	14	enefits	its paid to or for members (Part I , column (A), line 4)							o			
so	15	Salaries,	other compensa	ition, employee be	enefits (Part IX, c	olumn (A), line	s 5–10)	277,			3	3	62,858
ıse	16a			j fees (Part I , c							0		0
Expenses	b			ses (Part I, coli									
ш	17	Other ex	xpenses (Part I	, column (A), lin	ies 11a 11d. 11	f 24e)			1.0	25,48	7	Ç	51.135
	18			es 13 17 (must						02,70			13,993
	19			s. Subtract line 1						47,11			17,657
5 g								Beginn	ing of Curre			End of Year	
Assots or Balances	20	Total as	sets (Part , lin	e 16)						87,45			315,038
A B	21	Total lia	bilities (Part ,	line 26)						44,57		-	375,766
35	21 22			nces. Subtract lii						42,87			39,272
	ırt		nature Bloci					-					
nd	er penalti	es of per ur	y, I declare that I ha	ve examined this retu	m, including accomp	panying schedules	and statements	s, and to ti	he best of my	knowie	dge		
and	belief, it i	s true, corre	ect, and complete. D	eclaration of preparer	(other than officer)	is based on all Info	rmation of whic	h prepare	r has any kno	wledge			
Sig	ın				****			••••					
He	-	'	Signature of officer						Date	3			
•••													
			Type or print name										
_		Prin	t Type preparer's na	me	Preparer's	signature		Dat	e	Chast		PTIN	
Pa		Jan	nes Knott		James Kr	nott		10	30 2013	Check self-en		P0129103	3.4
	eparer			nee I Knott CDA				110				V123100	
Us	e Only	, –		nes L Knott CPA		T11 075 15			Firm's IN				
								Phone no. 615-600-4717					
Ma	y the IF	RS discus	s this return wil	h the preparer s	hown above (s	ee instruction	s)				[Yes	No No

Form 9	90 (2012) Global Outread	ch Developments Internati	onal		20-0238931	Page 2
Pai	t III Statement of P	rogram Service Acco	mplishments			
			nse to any question i	n this Part III....		<u> </u>
1	riefly describe the organi a quipping the international b education, experience and e social status demonstrating	ody of Christ to serve the mpowerment regardless o	f age, gender, ethnicity			
2	Did the organi ation underta the prior Form 990 or 990- If es, describe these new Did the organi ation cease of	services on Schedule O.			£1	☐ No
•	services		· ·		Yes	No
4	Describe the organi ation's pexpenses. Section 501(c)(3) the total expenses, and reve	and 501(c)(4) organi atio	ns are required to repo			
4a		ol) (Revo		
4b) (Rev		
	Community Service Program	1				
4c	(Code:) (: Global Awareness Program		68_ including grants of) (Rev	enue <u>{</u>	66,738)
4d	Other program services. (De (xpenses	escribe in Schedule O.) 543,059 including grants o	nf	0) (Revenue	527,621)	
4e	Total program service exp		793,632	O / (NOVORING	UZ1,UZ1]	

4e Total program service expenses

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organi ation described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) If "Yes,"			
	complete Schedule A	1	1	ĺ
2	Is the organi ation required to complete Schedule B, Schedule of Contributors (see instructions)	2		
3	Did the organi ation engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organi ation engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year If "Yes," complete Schedule C, Part II	4		
5	Is the organi ation a section 501(c)(4), 501(c)(5), or 501(c)(6) organi ation that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19 If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organi ation maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts If			
	"Yes," complete Schedule D, Part I	6		
7	Did the organi ation receive or hold a conservation easement, including easements to preserve open space,	۳		
•	the environment, historic land areas, or historic structures If "Yes," complete Schedule D, Part II	7		
8	Did the organi ation maintain collections of works of art, historical treasures, or other similar assets If "Yes,"	- '	<u> </u>	
·	complete Schedule D, Part III	ا ا		
9	Did the organi ation report an amount in Part , line 21, for escrow or custodial account liability serve as a	8		
9				
	custodian for amounts not listed in Part or provide credit counseling, debt management, credit repair, or debt	_		
40	negotiation services If "Yes," complete Schedule D, Part IV	9		ļ
10	Did the organi ation, directly or through a related organi ation, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments If "Yes," complete Schedule D, Part V	10	zatembet.	
11	If the organi ation's answer to any of the following questions is es, then complete Schedule D, Parts VI,			
	VII, VIII, I , or as applicable.			
а	Did the organi ation report an amount for land, buildings, and equipment in Part , line 10 If "Yes," complete			
	Schedule D, Part VI	11a		
þ	Did the organi ation report an amount for investments other securities in Part , line 12 that is 5 or more			
	of its total assets reported in Part , line 16 If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organi ation report an amount for investments program related in Part , line 13 that is 5 or more			
	of its total assets reported in Part , line 16 If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organi ation report an amount for other assets in Part , line 15 that is 5 or more of its total assets			
	reported in Part , line 16 If "Yes," complete Schedule D, Part IX	11d		
	Did the organi ation report an amount for other liabilities in Part , line 25 If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organi ation obtain separate, independent audited financial statements for the tax year If "Yes," complete			
	Schedule D, Parts XI and XII	12a		
b	as the organi ation included in consolidated, independent audited financial statements for the tax year If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organi ation a school described in section 170(b)(1)(A)(ii) If "Yes," complete Schedule E	13		\vdash
14a	Did the organi ation maintain an office, employees, or agents outside of the nited States	14a		
	Did the organi ation have aggregate revenues or expenses of more than 10,000 from grantmaking,		i	
	fundraising, business, investment, and program service activities outside the nited States, or aggregate]		1
	foreign investments valued at 100,000 or more If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organi ation report on Part I , column (A), line 3, more than 5,000 of grants or assistance to any	· · · ~		\vdash
	organi ation or entity located outside the nited States If "Yes," complete Schedule F, Parts II and IV.	15		
16	Did the organi ation report on Part I , column (A), line 3, more than 5,000 of aggregate grants or assistance	F-13	├	╁
10	to individuals located outside the nited States If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organi ation report a total of more than 15,000 of expenses for professional fundraising services	10		₩
17				1
40	on Part I , column (A), lines 6 and 11e If "Yes," complete Schedule G, Part I (see instructions)	17		ļ
18	Did the organi ation report more than 15,000 total of fundraising event gross income and contributions on	١		
40	Part VIII, lines 1c and 8a If "Yes," complete Schedule G, Part II.	18	<u> </u>	 -
19	Did the organi ation report more than 15,000 of gross income from gaming activities on Part VIII, line 9a		1	
~~	If "Yes," complete Schedule G, Part III	19	 	₩
_	Did the organi ation operate one or more hospital facilities If "Yes," complete Schedule H	20a	 	₩
b	If es to line 20a, did the organi ation attach a copy of its audited financial statements to this return	20b		<u> </u>

20-0238931

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organi ation report more than 5,000 of grants and other assistance to any government or organi ation			
	in the nited States on Part I, column (A), line 1 If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organi ation report more than 5,000 of grants and other assistance to individuals in the			
	nited States on Part I , column (A), line 2 If "Yes," complete Schedule I, Parts I and III	22		├
23	Did the organi ation answer es to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organi ation's current and former officers, directors, trustees, key employees, and highest compensated			
04.	employees If "Yes," complete Schedule J	23		╂
24a	Did the organi ation have a tax-exempt bond issue with an outstanding principal amount of more than			
	100,000 as of the last day of the year, that was issued after December 31, 2002 If "Yes," answer lines	24-		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		╁
	Did the organi ation invest any proceeds of tax-exempt bonds beyond a temporary period exception	24b		├
C	Did the organi ation maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds	24c		1
٦	Did the organi ation act as an on behalf of issuer for bonds outstanding at any time during the year	24d	-	╁
	Section 501(c)(3) and 501(c)(4) organizations. Did the organi ation engage in an excess benefit transaction	24U		╫
20a	with a disqualified person during the year If "Yes," complete Schedule L, Part I	25a		
ь	Is the organi ation aware that it engaged in an excess benefit transaction with a disqualified person in a	ZVa		├──
D	prior year, and that the transaction has not been reported on any of the organication's prior Forms 990 or			
	990- If "Yes," complete Schedule L, Part I	25b		
26	as a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	205		†
20	disqualified person outstanding as of the end of the organi ation's tax year If "Yes," complete Schedule L, Part II	26		
27	Did the organi ation 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	1		
	entity or family member of any of these persons If "Yes," complete Schedule L, Part III	27		
28	as the organi ation a party to a business transaction with one of the following parties (see Schedule L,	30-20	Springer (aussaus
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee If "Yes," complete			
	Schedule L, Part IV.	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner If "Yes," complete Schedule L, Part IV	28c		
29	Did the organi ation receive more than 25,000 in non-cash contributions If "Yes," complete Schedule M	29		
30	Did the organi ation receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions If "Yes," complete Schedule M	30		<u> </u>
31	Did the organi ation liquidate, terminate, or dissolve and cease operations If "Yes," complete Schedule N,			
	Part I	31		↓
32	Did the organi ation sell, exchange, dispose of, or transfer more than 25 of its net assets			
	If "Yes," complete Schedule N, Part II	32	<u> </u>	<u> </u>
33	Did the organi ation own 100 of an entity disregarded as separate from the organi ation under Regulations			
	sections 301.7701-2 and 301.7701-3 If "Yes," complete Schedule R, Part I	33	<u> </u>	₩
34	as the organi ation related to any tax-exempt or taxable entity If "Yes," complete Schedule R, Part II,	١		
	Ill, or IV, and Part V, line 1	34	ļ	┼
	Did the organi ation have a controlled entity within the meaning of section 512(b)(13)	35a	-	╀
b	If es to line 35a, did the organi ation receive any payment from or engage in any transaction with a controlled	051		
	entity within the meaning of section 512(b)(13) If "Yes," complete Schedule R, Part V, line 2	35b	-	+
36	Section 501(c)(3) organizations. Did the organi ation make any transfers to an exempt non-charitable related	20	ĺ	
27	organi ation If "Yes," complete Schedule R, Part V, line 2	36	╁	+
37	and that is treated as a partnership for federal income tax purposes If "Yes," complete Schedule R, Part	1		
	VI	37		
38	Did the organi ation complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 	1	+
30	19 Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			\Box
	Check is concedure of contains a response to any question in this rait v	· ·	Yes	No
1a	nter the number reported in ox 3 of Form 1096. nter -0- if not applicable			
b	nter the number of Forms -2G included in line 1a. nter -0- if not applicable			
C	Did the organi ation comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to pri e winners	1c		
2 a	nter the number of employees reported on Form -3, Transmittal of age and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organi ation file all required federal employment tax returns	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organi ation have unrelated business gross income of 1,000 or more during the year	3a		
þ	If es, has it filed a Form 990-T for this year If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organi ation have an interest in, or a signature or other authority	i		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
L	account)	4a	HENNOSHAKI	accessors.
b	If es, enter the name of the foreign country:			
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign ank and Financial Accounts. as the organi ation a party to a prohibited tax shelter transaction at any time during the tax year			
b	Did any taxable party notify the organi ation that it was or is a party to a prohibited tax shelter transaction	5a 5b		
č	If es to line 5a or 5b, did the organi ation file Form 8886-T	5c		
6a	Does the organi ation have annual gross receipts that are normally greater than 100,000, and did the	90		<u> </u>
•	organi ation solicit any contributions that were not tax deductible as charitable contributions	6a		
b	If es, did the organi ation include with every solicitation an express statement that such contributions or	Vu		
	gifts were not tax deductible	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organi ation receive a payment in excess of 75 made partly as a contribution and partly for goods			
	and services provided to the payor	7a	WCOMPOSITION AND ADDRESS OF THE PARTY OF THE	Manusconto
b	If es, did the organi ation notify the donor of the value of the goods or services provided	7b		
C	Did the organi ation sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282	7c		
d	If es, indicate the number of Forms 8282 filed during the year			
е	Did the organi ation receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	7e		
f	Did the organi ation, during the year, pay premiums, directly or indirectly, on a personal benefit contract	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	SOUTH OF THE	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organi ation, or a donor advised fund maintained by a sponsoring			
	organi ation, have excess business holdings at any time during the year			
9	Sponsoring organizations maintaining donor advised funds.	8	i za	
а	Did the organi ation make any taxable distributions under section 4966	9a	2005M	20000
b	Did the organi ation make a distribution to a donor, donor advisor, or related person	9b		
10	Section 501(c)(7) organizations. nter:		0.00000	10 10 20 11
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. nter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		1.05000	2000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organi ation filing Form 990 in lieu of Form 1041	12a	uramierio)	mercina de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición
b	If es, enter the amount of tax-exempt interest received or accrued during the year 12b			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organi ation licensed to issue qualified health plans in more than one state	13a	3000000	
b	Note. See the instructions for additional information the organilation must report on Schedule O.			
IJ	nter the amount of reserves the organi ation is required to maintain by the states in which the organi ation is licensed to issue qualified health plans			
C	nter the amount of reserves on hand			
14a	Did the organi ation receive any payments for indoor tanning services during the tax year	14a	50.000M	
b	If es, has it filed a Form 720 to report these payments If "No," provide an explanation in Schedule O	14b		

Part VI

-				<u> </u>	
Secti	on A. Governing Body and Management				
		م		Yes	No
1a	nter the number of voting members of the governing body at the end of the tax year	1a 3			
	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	nter the number of voting members included in line 1a, above, who are independent	1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ship with			
_	any other officer, director, trustee, or key employee		2	-0960401/2004004	Bekenderen
2	Did the organi ation delegate control over management duties customarily performed by or under				
3			۱ ,		l
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	$\vdash \vdash \vdash$	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		
5	Did the organi ation become aware during the year of a significant diversion of the organi ation's		5		
6	Did the organi ation have members or stockholders		6		
7a	Did the organi ation have members, stockholders, or other persons who had the power to elect or	appoint			ļ
	one or more members of the governing body		7a		İ
b	Are any governance decisions of the organi ation reserved to (or sub ect to approval by) members				
	stockholders, or persons other than the governing body		7b		l
0	Did the organi ation contemporaneously document the meetings held or written actions undertake			30000	
8		n duning			
	the year by the following:		9444	20.55	
a	The governing body		8a	ļ	<u> </u>
b	ach committee with authority to act on behalf of the governing body		8b	igsquare	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				ĺ
	at the organi ation's mailing address If "Yes," provide the names and addresses in Schedule O.		9		
Sect	on B. Policies (This Section B requests information about policies not required by the	Internal Revenue (Code.)	
				Yes	No
10a	Did the organi ation have local chapters, branches, or affiliates	<i></i> .	10a		
_	affiliates, and branches to ensure their operations are consistent with the organi ation's exempt pe		10b		ĺ
440	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the c		11a		
		ne ming the form :	ı ı a		241024
b	Describe in Schedule O the process, if any, used by the organi ation to review this Form 990.				92090
12a	Did the organi ation have a written conflict of interest policy If "No," go to line 13		12a	<u> </u>	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	<u> </u>	—
C	Did the organi ation regularly and consistently monitor and enforce compliance with the policy If				
	describe in Schedule O how this was done		12c		
13	Did the organi ation have a written whistleblower policy		13		
14	Did the organi ation have a written document retention and destruction policy		14		
15	Did the process for determining compensation of the following persons include a review and appro				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
•	The organi ation's C O, xecutive Director, or top management official		15a	1 98092560	6000000
				╁	⊢
b	Other officers or key employees of the organi ation		15b	1000000	
	If es to line 15a or 15b, describe the process in Schedule O (see instructions).			1	
16a	Did the organi ation invest in, contribute assets to, or participate in a oint venture or similar arran				
	with a taxable entity during the year		16a		
b	If es, did the organi ation follow a written policy or procedure requiring the organi ation to eval	uate its			
	participation in oint venture arrangements under applicable federal tax law, and take steps to safe	eguard			
	the organi ation's exempt status with respect to such arrangements		16b		1
Sect	ion C. Disclosure			d	
17	List the states with which a copy of this Form 990 is required to be filed TN				
18	Section 6104 requires an organi ation to make its Forms 1023 (or 1024 if applicable), 990, and 99	30-T (Section 501/c)/3)s onl	v)	
.0	available for public inspection. Indicate how you made these available. Check all that apply.	(0001101100110)(0	,000	<i>31</i>	
		unioin in Cohodule (1)			
40		xplain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organi ation made its governing documents	, conflict of interest			
	policy, and financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books		_		
	organi ation: ► James L. Knott	615-641-25	52		
	5584 Mt. View Rd., Antioch, TN 37013				

Form 990 (2012)	Global Outreach Developments Int									20-02389	31 Page 7	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
	Check if Schedule O contains a r		v ans	esti	on i	n th	is P	art i	VII			
Section A.	Officers, Directors, Trustees, Key E										· · L	
	his table for all persons required to be									vith or within the		
•	rgani ation's tax year. • List all of the organi ation's current officers, directors, trustees (whether individuals or organi ations), regardless of amount											
f compensation. nter -0- in columns (D), (), and (F) if no compensation was paid.												
• List all o	of the organi ation's current key emplo	yees, if any. See	e instr	ucti	ons	for	defin	itior	of key employe	90.		
 List the organi ation's five current highest compensated employees (other than an officer, director, trustee, or key employee) the received reportable compensation (ox 5 of Form -2 and or ox 7 of Form 1099-MISC) of more than 100,000 from the rgani ation and any related organi ations. 												
	of the organi ation's former officers, ke							ed e	employees who r	eceived more th	an	
	eportable compensation from the organ of the organi ation's former directors or	•			-			itu e	ae a former direc	tor or truston of	tho	
organi ation, r	more than 10,000 of reportable compe	ensation from the	orga	ni a	atior	n an	d any	rel	ated organi ation	ns.	uic	
List persons in compensated	n the following order: individual trustees employees and former such persons.	or directors ins	titutio	nal	trus	tees	offi	cers	s key employees	highest		
	s box if neither the organi ation nor any	y related organi	ation	con	npei	nsat	ed a	пу с	urrent officer, dir	ector, or trustee.	ī	
			ĺ			C)						
	(A)	(B)	(do r	not ch		ition more	than c	ne	(D)	(E)	(F)	
	Name and Title	Average hours per	box, unless person is both an Repo						Reportable compensation	Reportable compensation	stimated amount of	
		week (list any hours for			Officer			Former	from the	from related organi ations	other compensation	
		related organi ations	Individual to or director	Institutional	icer	/ em	Highest co employee	mer	organi ation (-2 1099-MISC)	(-2 1099-MISC)	from the	
		below dotted line)	Individual trustee or director	nal ti		Key employee	e duno		(-2 1099-MISO)		organi ation and related	
		inte)	itee	trustee		0	Highest compensated employee				organi ations	
							ted					
(1) Gregg C C O, Presider		40.00 0.00							00.400			
(2) Jen Nya		40.00							26,160			
xecutive Sec	retary	0.00							4,568			
(3) Mike Da xecutive Dire		40.00										
	SCIOI	0.00				_			14,595			
-3-6												
(5)												
(6)												
(7)												
(8)	· · · · · · · · · · · · · · · · · · ·											
(9)												
(10)												
(11)											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(12)				_								
(13)					ļ	_		_				
(13)												
		1	L	•				š	I .			

	(A) Name and title	(B) Average hours per	Position (do not check more than box, unless person is bot officer and a director trus				is both or truste	an ee)	(D) Reportable compensation	(E) Reportable compensatio		(F) stimated amount of other	
		week (list any hours for related organi ations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organi ation (-2 1099-MISC)	from related organi ation (-2 1099-MIS	3	compensati from the organt atio and relate organt ation	n d
(15)													
(16)													
(17)													
(18)						_							
(19)													
(20)					_								
(21)				\vdash		<u> </u>					\dashv		
(22)													
(23)						 							
				<u> </u>				ļ					
			1-										**
	Sub-total								45,323		0		0
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)								45,323		0		0
2	Total number of individuals (including but not li	mited to those li	sted a	abo	ve)	who	гесе	ive					
	reportable compensation from the organi ation				0							Yes	No
3	Did the organi ation list any former officer, directly employee on line 1a If "Yes," complete Scheo								t compensated		1	3	
4	For any individual listed on line 1a, is the sum the organi ation and related organi ations greater	of reportable co	npen	sati	on a	and	other	COI			1		
_	individual							٠				4	
5	for services rendered to the organi ation If "Y										. [5	
1	tion B. Independent Contractors Complete this table for your five highest compound compensation from the organication. Report of year.	ensated indeper	dent the c	con	trac	tors	s that ar end	rec	eived more than with or within the	100,000 of ne organi atio	on's t	эх	
	(A) Name and business ad	dress					**		(B) Description of se	ervices	С	(C) ompensation	
													0
								+					0
								T					(
2	Total number of independent contractors (incli					14.7		1_					C

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII											
					(A) Total revenue	(B) Related or exempt function revenue	(C) nrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
र इ	1a	Federated campaigns		0		5.566.66					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		0		13866	400000000000000000000000000000000000000				
Am Am	С	Fundraising events		0							
ig if	d	Related organi ations		0							
Sir.	e	Government grants (contributions) .	1e	0		1000000					
pe de	'	All other contributions, gifts, grants, a		701080							
# 5		similar amounts not included above. Noncash contributions included in lines		781,678							
S	g h			0							
		Total. Add lines 1a 1f		Business Code	781,678						
ă	2a	Housing		D03111033 C0000	04 700						
Ševi	b	Cafatada			24,702 28,413						
8	1	Tuition			384,108	 					
Program Service Revenue	d	Preschool			7,183						
S	e	Nova idh Program			22,484						
Ē.	f	All other program service revenue .			81,154		<u> </u>				
ď.	g	Total. Add lines 2a 2f			548,044						
	3	Investment income (including dividen			0.10,011						
		other similar amounts)			28						
	4	Income from investment of tax-exemp	ot bond proc	eeds >	0						
	5	Royalties	<u></u> .		0						
			(i) Real	(ii) Personal							
	6a	Gross rents									
	b	Less: rental expenses									
	C	Rental income or (loss)	0	. 0							
			<u></u> .		0						
	7a) Securities	(ii) Other							
	_	assets other than inventory	0	15,052							
	þ	Less: cost or other basis									
		and sales expenses	0	13,152							
	C C	Gain or (loss)	0	1,900							
	d	Net gain or (loss)		<u> ▶</u>	1,900						
<u>ല</u>	8a	Gross income from fundraising									
evenue	va	events (not including	0								
ě		of contributions reported on line 1c).	· -								
ř.		See Part IV, line 18	a	0			New York Control				
Other	b	Less: direct expenses	b	<u> </u>							
0		Net income or (loss) from fundraising			0						
		Gross income from gaming activities.									
		See Part IV, line 19		0							
	b	Less: direct expenses		0							
		Net income or (loss) from gaming acti	ivities		0						
	10a	Gross sales of inventory, less	ſ								
•		returns and allowances	a	0							
	b	Less: cost of goods sold		. 0							
	C	Net income or (loss) from sales of inv	entory	<u></u> . ▶	0			Processor and Congression () Process (Act) of Columbia and Accessor in a 1 of Columbia of Act			
		Miscellaneous Revenue		Business Code							
	11a				0						
	b				0						
	C	All			0						
	d	All other revenue			0			- Control of the Cont			
	9	Total Add lines 11a 11d			0						
	12	Total revenue. See instructions		▶	1.331.650	l n	l ol	0			

Form 990 (2012) Global Outreach Developments International
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must co	mplete column (A).	
	Check if Schedule O contains a response to any q	uestion in this Part I			
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and	_			
	organi ations in the nited States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	nited States. See Part IV, line 22	0			
3	Grants and other assistance to governments,			6.00	
	organi ations, and individuals outside the	ا			
	nited States. See Part IV, lines 15 and 16	0			
4	enefits paid to or for members	U			
5	Compensation of current officers, directors,	45 000]	45,323	
	trustees, and key employees	45,323		40,023	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	اه			
~	persons described in section 4958(c)(3)()	288,415		288,415	
7	Pension plan accruals and contributions (include	200,410		200,410	
8	section 401(k) and 403(b) employer contributions)	ol			
9	Other employee benefits	Ö			
10	Payroll taxes	29,120		29,120	
11	Fees for services (non-employees):	-0,1-0			
a	Management	l ol			
b	Legal	1,173		1,173	
C	Accounting	11,465		11,465	
ď	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	o			
f	Investment management fees	0			
. g	Other, (If line 11g amount exceeds 10 of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy				
17	Travel	108,713	108,713		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0	00 700		
20	Interest	32,783	32,783		
21	Payments to affiliates	70.040	70.040		0
22	Depreciation, depletion, and amorti ation	79,919 52,755			,
23	Insurance	52,755	52,755		
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10 of line 25, column		500000000000000000000000000000000000000		
	(A) amount, list line 24e expenses on Schedule O.)				
а	Community Service, Care, develope, idow Orphan	69,385	69,385		A STATE OF THE STATE OF T
a b	ducational Materials	17,233			
C	Small equip Meals	114,786	•		
d	Program Facilitation Staff Developement	384,305			
e		78,618		78,618	3
25	Total functional expenses. Add lines 1 through 24e	1,313,993			
26	Joint costs. Complete this line only if the				
-	organi ation reported in column () oint costs				
	from a combined educational campaign and		1		1
	fundraising solicitation. Check here 🕨 🔲 if				
	following SOP 98-2 (ASC 958-720)				<u> </u>

	art X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part			
			(A) eginning of year		(B)
_	1	Cash non-interest-bearing		1	
	2	Savings and temporary cash investments	. 17,310		54,318
	3	Pledges and grants receivable, net	6,500		0
	4	Accounts receivable, net	0,500	1	0
	5	Loans and other receivables from current and former officers, directors,			U
		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			
şţ		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0		0
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1,402,47	75		
	b	Less: accumulated depreciation 10b 227,99	The second secon	10c	1,174,483
	11	Investments publicly traded securities	0.0,00.		0
	12	Investments other securities. See Part IV, line 11		_	0
	13	Investments program-related. See Part IV, line 11	. 0		0
	14	Intangible assets	0	-	0
	15	Other assets. See Part IV, line 11			86,237
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,315,038
	17	Accounts payable and accrued expenses	4,000		244
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	1, 11,
	21	scrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			Alice State of the Control of the Co
書		trustees, key employees, highest compensated employees, and		7	
Liabilities		disqualified persons. Complete Part II of Schedule L	51,277	22	115,467
=	23	Secured mortgages and notes payable to unrelated third parties	882,744	23	692,916
	24	nsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part of Schedule D	6,552	25	67,139
	26	Total liabilities. Add lines 17 through 25	944,573	26	875,766
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
an	27	nrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
þ		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
Sts	30	Capital stock or trust principal, or current funds		20	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		,	439,272
Ž	33	Total net assets or fund balances	342,879		439,272
	34	Total liabilities and net assets fund balances	1,287,452		1,315,038

Form 9	990 (2012) Global Outreach Developments International	20-0238	3931 Pa	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	1,33	1,650
2	Total expenses (must equal Part I), column (A), line 25)	2	1,31	3,993
3	Revenue less expenses. Subtract line 2 from line 1	3		7,657
4	Net assets or fund balances at beginning of year (must equal Part , line 33, column (A))	4	34:	2,879
5	Net unreali ed gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period ad ustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part , line 33,			
	column ())	10	36	0,536
Part	XII Financial Statements and Reporting			\Box
	Check if Schedule O contains a response to any question in this Part II		• • •	<u>Ш</u>
1	Accounting method used to prepare the Form 990:		Yes	No
2a	ere the organi ation's financial statements compiled or reviewed by an independent accountant If es, 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:	• • •	2a	
	Separate basis Onsolidated basis oth consolidated and separate basis			
b	ere the organi ation's financial statements audited by an independent accountant		2b	
C	If es to line 2a or 2b, does the organi ation 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 organi ation changed either its oversight process or selection process during the tax year, explain in Schedule O.	• • • •	2c	
3a	the Single Audit Act and OM Circular A-133		3a	
b	If es, did the organi ation undergo the required audit or audits. If the organi ation did not undergo the			1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	<u></u>
			Form 990	(2012)

Form 4797

Department of the Treasury

Name(s) shown on return

Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

information about Form 4797 and its separate Instructions is at www.irs.gov/form4797.

2012

2012

OM No. 1545-0184

Attachment
Sequence No. 27
Identifying number

Global Outreach Developments International 20-0238931 nter the gross proceeds from sales or exchanges reported to you for 2012 on Form(s) 1099- or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other 2 (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus of property Subtract (f) from the (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale 0 0 0 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 6 Combine lines 2 through 6. nter the gain or (loss) here and on the appropriate line as follows: 7 O Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is ero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Subtract line 8 from line 7. If ero or less, enter -0-. If line 9 is ero, enter the gain from line 7 on line 12 below. If line 9 is more than ero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) 9 0 Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Passenger Van 7 2 2012 11 14 2012 0 12,500 -1,5000 0 11 12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 3,400 13 14 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 17 17 1,900 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Inter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from Form 4797, line 18a. See instructions . 18a Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. nter here and on Form 1040, line 14 18b 0

Form 4 Part	797 (2012) III Gain From Disposition of Property Under S	ection	Global Outres				893	1 Page 2
rait	(see instructions)						٦ [(c) Date sold
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 proper	rty:				(b) Date acquire (mo., day, yr.)		(mo., day, yr.)
Α	1998 Ford F 450					1 1 2010	1	7 16 2012
В	1000 / 010 / 100							
С								<u> </u>
D		·····			_		\bot	
			1		_		1	Daniel D
	These columns relate to the properties on lines 19A through 19D.	▶	Property A	Property	B	Property C	+	Property D
20	Gross sales price (Note: See line 1 before completing.) Cost or other basis plus expense of sale	20 21	3,400 3,500				╅	
21 22	Depreciation (or depletion) allowed or allowable	22	3,500				_	
23	Ad usted basis. Subtract line 22 from line 21	23	0		0		0	0
	712 4000 00000 00000000000000000000000000							
24	Total gain. Subtract line 23 from line 20	24	3,400		0		0	0
25	If section 1245 property:]			
а	Depreciation allowed or allowable from line 22	25a	3,500				4	
b	nter the smaller of line 24 or 25a	25b	3,400		_0		이	0
26	If section 1250 property: If straight line depreciation was used,							
	enter -0- on line 26g, except for a corporation subject to section 291.							
a	Additional depreciation after 1975 (see instructions)	26a					\dashv	
þ	Applicable percentage multiplied by the smaller	26b					1	
	of line 24 or line 26a (see instructions)	200						
C	or line 24 is not more than line 26a, skip lines 26d and 26e.	26c	0		0		0	0
ď	Additional depreciation after 1969 and before 1976	26d						
6	nter the smaller of line 26c or 26d	26e	0		0		0	0
f	Section 291 amount (corporations only)	26f					_	
g	Add lines 26b, 26e, and 26f	26g	0		0		0	0
27	If section 1252 property: Skip this section if you did							
	not dispose of farmland or if this form is being completed							
	for a partnership (other than an electing large partnership).		1				ı	
a	Soil, water, and land clearing expenses	27a 27b	0		0		0	0
b	Line 27a multiplied by applicable percentage (see instructions) nter the smaller of line 24 or 27b	27c	0		<u>_</u>		ō	0
C		1		l				
28 a	If section 1254 property: Intangible drilling and development costs, expenditures							
a	for development of mines and other natural deposits,						١	
	mining exploration costs, and depletion (see		ļ					
	instructions)	28a						
<u>b</u>	nter the smaller of line 24 or 28a	28b	0		0		0	0
29	If section 1255 property:						-	
а	Applicable percentage of payments excluded from	1					ı	
	income under section 126 (see instructions)	29a	0		0		0	
b	nter the smaller of line 24 or 29a (see instructions)	29b		1				
Sui	mary of Part III Gains. Complete property columns	ABIR	ough D anough	Tillio Zob	DOIG	ne going to		
30	Total gains for all properties. Add property columns A through D), line 24	1			;	30	3,400
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, an	d 29b.	nter here and on	line 13		🔼	31	3,400
32	Subtract line 31 from line 30. nter the portion from casualty or	theft on	Form 4684, line 3	nter the	portic	on		_
	from other than casualty or theft on Form 4797, line 6					<u> :</u>	32	
Pa	Recapture Amounts Under Sections 179 a (see instructions)	nd 28	0F(b)(2) Wher	Busines	s Us	se Drops to	50	% or Less
	(oco mondono)					(a) Sectio	n	(b) Section
				ı		179		280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in price				33			
34	Recomputed depreciation (see instructions)				34 35		0	- (
35	Recapture amount. Subtract line 34 from line 33. See the instru	CHOUS I	и witere to report		30			· · · · · · · · · · · · · · · · · · ·

Depreciation and Amortization

(Including Information on Listed Property)

OM No. 1545-0172

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return. Sequence No. 179 Name(s) shown on return usiness or activity to which this form relates Identifying number Global Outreach Developments International 990 20-0238931 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 2 75,153 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If ero or less, enter -0-. If married filling separately, see instructions 5 500,000 6 (a) Description of property (c) lected cost O 9 0 10 usiness income limitation. Inter the smaller of business income (not less than ero) or line 5 (see instructions). 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 0 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 . Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 15 16 Other depreciation (including ACRS) . . 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 64,843 18 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) asis for depreciation (d) Recovery (a) Classification of property year placed (business investment use (e) Convention (f) Melhod (g) Depreciation deduction period in service only see instructions) 19 a 3-year property b 5-year property 60,000 200D 5 Н 12,000 c 7-year property 2,653 Н 200D d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. SL h Residential rental 27.5 yrs. MM SL property 27.5 yrs. MM SIL I Nonresidential real 606,002 39 yrs. MM SL 1,315 property MM SL Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life SI b 12-year 12 yrs. SL c 40-year 40 yrs. MM SL Summary (See instructions.) Part IV 21 1,382 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. nter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 79,919 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

Global Outreach Developments International 20-0238931 Page 2 Form 4562 (2012) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) No 24b If es, is the evidence written Yes No 24a Do you have evidence to support the business/investment use claimed? Yes (i) (c) usiness (e) asis for depreciation (f) (g) (h) Depreciation lected section 179 Recovery Method Type of property Date placed Cost or other basis investment use (business investment percentage period Convention deduction cost (list vehicles first) In service Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50 in a qualified business use (see instructions) Property used more than 50 in a qualified business use: 1,382 See statement 27 Property used 50 or less in a qualified business use: SL-SL-SL-Add amounts in column (h), lines 25 through 27. nter here and on line 21, page 1 1,382 Add amounts in column (i), line 26. nter here and on line 7, page 1 . 0 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other more than 5 owner, or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (e) **(f)** (c) (a)

30	Total business investment miles driven during	veni		veni	cie z	Veni	Venice 3		U6 4	venice 5		Veni	ue 0	
	the year (do not include commuting miles)	See St	mnt					ļ						_
31	Total commuting miles driven during the year .													_
32	Total other personal (noncommuting)							1						
	miles driven					ļ								_
33	Total miles driven during the year.													
	Add lines 30 through 32									ļ				_
34	as the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	_
	during off-duty hours													_
35	as the vehicle used primarily by a more than] :								
	5 owner or related person			ļ									<u> </u>	_
36	Is another vehicle available for personal use .	<u> </u>	<u> </u>		ļ	<u> </u>			<u>. </u>				Ĺ	
	Castley C. Ouselleys for	Employ	A 14/1	a Dravi	da Vah	aloc fo	r Hea b	or Thole	Empl	2000				

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section for vehicles used by employees who are not more than 5 owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,	Yes	No
	by your employees		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees	1	
	See the instructions for vehicles used by corporate officers, directors, or 1 or more owners		
39	Do you treat all use of vehicles by employees as personal use		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about	1	
	the use of the vehicles, and retain the information received		
41	Do you meet the requirements concerning qualified automobile demonstration use (See instructions.)		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
Part	VI Amortization		

Part VI	Amortization					***	
	(a) Description of costs	(b) Dale amorti ation begins	(c) Amorti able amount	(d) Code section	(e) Amorti ati period o percentaç	r	(f) Amortization for this year
42 Am	orti ation of costs that begins during your 2	2012 tax year (see i	nstructions):				
43 Am	norti ation of costs that began before your 2	 012 tax year	<u>l</u>			43	
	tal. Add amounts in column (f). See the inst					44	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OM No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Global Outreach Developments International

Employer Identification number 20-0238931

La	اسلانا	<u>Reason</u>	for Public Ch	<u>ıarity Status (All org</u>	gani atio	ns must	complete	this par	t.) See ir	<u>istruction</u>	ns.		
	organ			tion because it is: (For									
1	님			ches, or association of			l in sectio	n 170(b)(ʻ	1)(A)(i).				
2	님			n 170(b)(1)(A)(ii). (Atta		-							
3				ospital service organi									
4		hospital's na	me, city, and sta	***************************************									
5	Ш			the benefit of a college Complete Part II.)	e or univer	sity owne	d or opera	ited by a g	governme	ntal unit d	escribe	d	
6		A federal, sta	ate, or local gove	ernment or government	tal unit des	scribed in	section 1	70(b)(1)(A	۱)(v).				
7		An organi ation 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	Π			receives: (1) more that				contributi	ions. men	nbership fe	es. an	d aross	i
		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 organitation after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organi at	ion organi ed ar	nd operated exclusively	to test fo	r public sa	ıfety. See	section 5	09(a)(4).				
11				nd operated exclusively									
		purposes of	one or more pub	licly supported organi	ations des	scribed in	section 50	09(a)(1) o	r section 5	509(a)(2).	See se	ction	
		·		t describes the type of						_			
		a Type	_		III Funct	•	-		• -		•	egrated	ţ
е		y checking	this box, I certify	that the organiation i	is not cont	rolled dire	ctly or ind	irectly by	one or mo	ore disqua	lified		
		persons othe	r than foundatio section 509(a)(2	n managers and other	than one	or more p	ublicly sup	ported or	gani atior	ns describ	ed in s	ection	
					e 12 11	50 11 1 11							
f			ation received a . check this box .	written determination						i supporti	ng		
g		•		he organi ation accept									
3		following per		organi anon avosp			20						
		(i) A pers	on who directly	or indirectly controls, e								Yes	No
				rerning body of the sup							11g(i)		
				person described in (i)							11g(il)		
h				y of a person described ation about the supporte						• • •	11g(iii)		
	Name	of supported	(ii) IN	(iii) Type of organi ation		auon(s).	(a) Did a	ou notify	640	- 45-	fun A		
		anl ation	(19 111	(described on lines 1 9 above or IRC section (see instructions))		sted in your	the organ	il ation in of your	organi al (i) organi	s the ion in col. ed in the S.	(An) wi	ount of mo support	netary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)					-								
Tota	ı		A CHARLES										n

Schedu	te A (Form 990 or 990-) 2012 Global Outreach	n Developments	International			20-0238931	Page 2
Part				ns 170(b)(1)(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checked the						
	Part III. If the organi ation fails to						
C4		quality under	the tests hate	u below, pica	ac complete i	care ini.)	
	ion A. Public Support	(-) 0000	(1-) 2000	(=) 2010	(d) 2011	(a) 2012	(f) Total
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(a) 2011	(e) 2012	(I) TOTAL
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any unusual grants.)						0
2	Tax revenues levied for the organi ation's					l	
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organi ation without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
•	person (other than a governmental unit						
	or publicly supported organi ation)						
	included on line 1 that exceeds 2						•
	of the amount shown on line 11,						
^	column (f)						0
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support	1	#1000		100044	(-) 0040	(0 T-4-1
Calei	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources				0		0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on				o		0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(xplain in Part IV.)				l o	İ	0
11	Total support. Add lines 7 through 10						0
	Gross receipts from related activities, etc. (se	oo inetruetiene\				12	
12	First five years. If the Form 990 is for the or						
13						scuoii 50 i (c)(3)	
	organi ation, check this box and stop here.						
Sect	tion C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6, c					14	0.00
15	Public support percentage from 2011 Sched	ule A, Part II, lin	ie 14			15	0.00
16a	33 1/3% support test-2012. If the organi a	ation did not che	ck the box on l	ine 13, and line	14 is 33 1 3	or more, check	this box
	and stop here. The organi ation qualifies as	a publicly supp	orted organi a	tion			▶
b	33 1/3% support test-2011. If the organi a	ition did not che	ck a box on lin	e 13 or 16a, and	d line 15 is 33 1	l 3 or more, cl	heck this
	box and stop here. The organi ation qualified						
47.	10%-facts-and-circumstances test—2012.						
17a							in
	is 10 or more, and if the organi ation meet						
	Part IV how the organi ation meets the fact			-			
	organi ation						
b	10%-facts-and-circumstances test—2011.	_					
	15 is 10 or more, and if the organi ation m						iain in
	Part IV how the organi ation meets the fact	s-and-circumsta	ances test. The	e organi ation q	jualities as a pu	iblicly	

Private foundation. If the organi ation did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Sec	tion A. Public Support			picaco comp	noto r ure ii.,		
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
4	Ciffo grants containsting and manufacts for			\-, = - · · ·	(-)	(0) 2012	(r) rotal
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	705 447	200 204	000 450	005 000	704 070	
2	Gross receipts from admissions, merchandise	785,417	390,201	823,453	885,886	781,678	3,666,635
_	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organi ation's tax-exempt purpose	627,346	660,137	605,994	502,931	548,044	2 044 452
3	Gross receipts from activities that are not an	021,010	000,107	000,004	502,931	546,044	2,944,452
	unrelated trade or business under section 513.					1	0
4	Tax revenues levied for the organi ation's						
	benefit and either paid to or expended on					İ	
	its behalf				·		0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organi ation without charge	<u></u>					0
6	Total. Add lines 1 through 5	1,412,763	1,050,338	1,429,447	1,388,817	1,329,722	6,611,087
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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	323,423	86,023	141,510	358,050		909,006
	Add lines 7a and 7b	323,423	86,023	141,510	358,050	0	909,006
8	Public support (Subtract line 7c from	2000	766				
900	line 6.)						5,702,081
	ndar year (or fiscal year beginning in)	(a) 2008	(h) 0000	(-) 0040	4.0.0044		
	near year (or neer year beginning in)		(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,412,763	1,050,338	1,429,447	1,388,817	1,329,722	6,611,087
10a	Gross income from interest, dividends,						
	payments received on securities loans,			ļ			
	rents, royalties and income from similar sources	265		10		28	303
b	nrelated business taxable income (less section 511 taxes) from businesses			1			
	acquired after June 30, 1975	l					_
С	Add lines 10a and 10b	265	0				0
11	Net income from unrelated business	200	- 0	10	0	28	303
••	activities not included in line 10b, whether						
	or not the business is regularly carried on	1		-			0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1		1			
	(xplain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,413,028	1,050,338	1,429,457	1,388,817	1,329,750	6,611,390
14	First five years. If the Form 990 is for the organia	ation's first, secon	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)	
	organi ation, check this box and stop here						▶ 🗔
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2012 (line 8, column	(f) divided by line	13, column (f))			15	86.25
16	Public support percentage from 2011 Schedule A, I	Part III, line 15 .		<u> </u>		16	85.11
Sec	tion D. Computation of Investment Inco						
17	Investment income percentage for 2012 (line 10c, o	column (f) divided	l by line 13, colu	mn (f))	[17	0.00
18	Investment income percentage from 2011 Schedule	e A, Part III, line 1	17		[18	0.00
19a	33 1/3% support tests—2012. If the organi ation	did not check the	box on line 14,	and line 15 is mo	re than 33 1 3	, and line 17 is	
	not more than 33 1 3 , check this box and stop he	ere. The organia	ation qualifies as	a publicly suppo	rted organi ation		▶ 🔲
b	33 1/3% support tests—2011. If the organilation	did not check a b	ox on line 14 or	line 19a, and line	16 is more than	33 1 3 , and	. —
00	line 18 is not more than 33 1 3 , check this box an						▶ <u>□</u>
20	Private foundation. If the organi ation did not che	ck a box on line	14, 19a, or 19b, i	check this box ar	nd see instruction	18	▶□

Schedule A (Form 9	990 or 990-) 2012	Global Outreach Developments International	20-0238931	Page 4
Part IV	Supplemental	Global Outreach Developments International Information. Complete this part to provide the explanations requare 17b and Part III, line 12. Also complete this part for any addit	ired by Part II, line	10
	instructions).	and Part III, line 12. Also complete this part for any addition	ional information. (c	
				
				~ = = = = = = = =
				~~~~
				<b></b>

#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

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

OM No. 1545-0047

201**2** 

Name of the organization		Employer identification number					
Global Outreach Developmen	ats International	20-0238931					
Organization type (check on		20-0230931					
Filers of:	Section:						
Form 990 or 990-	501(c)( 3 ) (enter number) organi ation						
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation					
	527 political organi ation						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organi ation is covered by the General Rule or a Special Rule.  Note. Only a section 501(c)(7), (8), or (10) organi ation can check boxes for both the General Rule and a Special Rule. See instructions.							
mod donono.							
General Rule							
For an organi ation fi	ling Form 990, 990- , or 990-PF that received, during the year, 5,000 or e contributor. Complete Parts I and II.	more (in money or					
Special Rules							
sections 509(a)(1) an	B) organi ation filing Form 990 or 990- that met the 33 1 3 support test d 170(b)(1)(A)(vi) and received from any one contributor, during the year, a of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990- , line	contribution of the greater					
the year, total contrib	7), (8), or (10) organiation filing Form 990 or 990—that received from any utions of more than 1,000 for use exclusively for religious, charitable, scient, or the prevention of cruelty to children or animals. Complete Parts I, II, and	one contributor, during tific, literary, or I III.					
For a section 501(c)(7), (8), or (10) organi ation filing Form 990 or 990- that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organi ation because it received nonexclusively religious, charitable, etc., contributions of 5,000 or more during the year.							
Caution. An organi ation that is not covered by the General Rule and or the Special Rules does not file Schedule (Form 990, 990-, 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- or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule (Form 990, 990-, or 990-PF).							

Name of organization
Global Outreach Developments International

Employer identification number 20-0238931

Global Out	reach Developments International		20-0236931
Part I	Contributors (see instructions). se duplicate copies	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Rosemary Sherrod  8201 Crickett Rd  Powell TN 37849  Foreign State or Province: Foreign Country:	175,000	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 2	Vern Asseby 1016 Richland St ahpeton ND 58075 Foreign State or Province: Foreign Country:	22,250	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 3 Name of organization Employer identification number Global Outreach Developments International 20-0238931 Part II Noncash Property (see instructions). se duplicate copies of Part II if additional space is needed. (a) No. (d) Date received from FMV (or estimate) Description of noncash property given Part I (see instructions) (a) No. (c) (d) Date received (b) from FMV (or estimate) Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) Date received from FMV (or estimate) Description of noncash property given Part I (see instructions)

Name of org	ganization reach Developments International			Employer Identification number 20-0238931
Part III	Exclusively religious, charitable, etc., in total more than \$1,000 for the year. Comporting For organitations completing Part III, enter contributions of \$1,000 or less for the year se duplicate copies of Part III if additional	plete columns (a) through (e) and the total of exclusively religious, close the this information once. See	he followin haritable, e	ig line entry. etc.,
(a) No. from	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held
Part I				
	Transferee's name, address, and 2	(e) Transfer of gift	onship of	transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(	d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP 4 Relat	ionship of	f transferor to transferee
	For, Prov. Country			
(a) No. from Part I	For. Prov. Country  (b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP 4 Relat	tionship o	f transferor to transferee
(a) No.	For. Prov. Country			( 1) D
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP 4 Rela	tionship c	of transferor to transferee
	For Prov Country	•		

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

0M No. 1545-0047

2012 Open to Public

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organi ations: Complete Parts I-A and . Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organi ations: Complete Parts I-A and C below. Do not complete Part I-.
- · Section 527 organi ations: Complete Part I-A only.

#### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

		ies, to romi 990, rantiv, line 4, or re		, , ,	• •
• S	ection 501(c)(3) organi ation	ns that have filed Form 5768 (election und	der section 501(h)):	Complete Part II-A. Do	not complete Part II
		ns that have NOT filed Form 5768 (election			
		Yes," to Form 990, Part IV, line 5 (Prox	(y Tax) or Form 99	0-EZ, Part V, line 35c	(Proxy Tax), then
	ection 501(c)(4), (5), or (6) o e of organiation	rgani ations: Complete Part III.		E-	anlayer identification number
	al Outreach Development	a International		[ C1	nployer identification number
		the organization is exempt und	or coation E04	(a) ar is a section	20-0238931
1		he organi ation's direct and indirect p			527 organization.
2		ne organi attori s unect and indirect p			_
3	Volunteer houre	· · · · · · · · · · · · · · · · · · ·			•••
٠	voidincei nodis	· · · · · · · · · · · · · · · · · · ·			•
Pai	t I-B Complete if t	he organization is exempt und	er section 501	(c)(3).	
1	nter the amount of any	excise tax incurred by the organi atio	n under section 49	955	<b>&gt;</b>
2		excise tax incurred by organi ation m			
3		ed a section 4955 tax, did it file Form			
4a					
	If es, describe in Part				La les La Mo
		iv. The organization is exempt und	or coation E01	(a) avaant aaatia	- F04(-)(2)
1	nter the amount directly	expended by the filing organiation f	er section 507	c), except section	1 501(0)(3).
1	activities	exhauged by the little organication i	or section 527 exe	empt function	_
•					
2		iling organi ation's funds contributed			
^		inction activities			
3		penditures. Add lines 1 and 2. nter h			
		· · · · · · · · · · · · · · · · · · ·			• <u>0</u> .
4	Did the filing organi ation	file Form 1120-POL for this year .			L Yes L No
5	nter the names, address	ses and employer identification numb	er ( IN) of all sect	ion 527 political orga	ni ations to which the filing
	the amount of political on	ents. For each organi ation listed, en ntributions received that were prompt	ter the amount par	d from the filing organ	ni ation's funds. Also enter
	as a senarate segregated	I fund or a political action committee	ily and directly deli (PAC). If additions	l enace is needed, or	ovide information in Part M
			(1710): Il additiona	i space is riceded, pr	ovide illionnation in Part IV.
	(a) Name	(b) Address	(c) IN	(d) Amount paid from	
				filing organi ation's funds. If none, enter -	
					delivered to a separate
					political organi ation, if none, enter -0
(1)					
(2)					
(3)					
· · ·					
(4)				1	
/R\					
(5)					
(6)					

P	art II-A Complete if the organizat	ion is exempt ι	ınder section 50	1(c)(3) and filed	Form 5768 (elec	tion
	under section 501(h)).					<u> </u>
A	Check ▶ if the filing organi ation					p member's
	name, address, IN, ex	penses, and sh	are of excess lob	bying expenditure	∋s).	
В	Check ▶ ☐ if the filing organi ation	checked box A	and limited contr	ol provisions ap	ply.	
	Limits on Lo (The term "expenditures"	bbying Expendite means amounts	ures paid or incurred.)		(a) Filing organi ation's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (gra	ss roots lobbying).			0
b	Total lobbying expenditures to influence a					0
С	Total lobbying expenditures (add lines 1a	and 1b)	, ,		0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (add				0	0
f	Lobbying nontaxable amount. nter the a	mount from the fo	llowing table in both	ı		
	columns.				0	0
	If the amount on line 1e, column (a) or (b)	s: The lobbyin	g nontaxable amou	nt ls:		
	Not over 500,000		mount on line 1e.			
	Over 500,000 but not over 1,000,000		s 15 of the excess			
	Over 1,000,000 but not over 1,500,000		s 10 of the excess			
	Over 1,500,000 but not over 17,000,000		s 5 of the excess o	ver 1,500,000.		
	Over 17,000,000	1,000,000.		l		^
g	Grassroots nontaxable amount (enter 25				0	<u>0</u>
h	Subtract line 1g from line 1a. If ero or les	ee ontor H-				
i	Subtract line 1f from line 1c. If ero or les	s, enter -0			0	0
	Subtract line 1f from line 1c. If ero or les If there is an amount other than ero on e	s, enter -0 either line 1h or lin	e 1i, did the organi	ation file Form 472	0 reporting	0
i	Subtract line 1f from line 1c. If ero or les	s, enter -0 either line 1h or lin	e 1i, did the organi	ation file Form 472	0 reporting	
i	Subtract line 1f from line 1c. If ero or les If there is an amount other than ero on e section 4911 tax for this year	s, enter -0 either line 1h or lin	e 1i, did the organi	ation file Form 472	0 reporting	0
i	Subtract line 1f from line 1c. If ero or les If there is an amount other than ero on e section 4911 tax for this year  (Some organizations tha columns bel	s, enter -0 either line 1h or lin	e 1i, did the organi  Period Under Sec 501(h) election do	ation file Form 472 tion 501(h) not have to comp a through 2f on pa	0 reporting	0
i	Subtract line 1f from line 1c. If ero or les If there is an amount other than ero on e section 4911 tax for this year  (Some organizations tha columns bel	s, enter -0 either line 1h or lin	e 1i, did the organi period Under Sec 501(h) election do uctions for lines 2	ation file Form 472 tion 501(h) not have to comp a through 2f on pa	0 reporting	0
i	Subtract line 1f from line 1c. If ero or les If there is an amount other than ero on e section 4911 tax for this year  (Some organizations tha columns bel  Lobb  Calendar year (or fiscal year beginning in)	s, enter -0	e 1i, did the organi  Period Under Sec 501(h) election do uctions for lines 2	ation file Form 472 ation 501(h) not have to comp a through 2f on pa	0 reporting	O Yes No
	Subtract line 1f from line 1c. If ero or les If there is an amount other than ero on e section 4911 tax for this year  (Some organizations tha columns bet  Lobb  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying celling amount	s, enter -0 either line 1h or lin	e 1i, did the organi period Under Sec 501(h) election do uctions for lines 2: es During 4-Year A	ation file Form 472 ation 501(h) not have to comp a through 2f on pa veraging Period (c) 2011	0 reporting	Yes No  (e) Total
	Subtract line 1f from line 1c. If ero or les If there is an amount other than ero on e section 4911 tax for this year  (Some organizations that columns bet  Lobt  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying celling amount (150 of line 2a, column(e))	s, enter -0 either line 1h or lin	e 1i, did the organi period Under Sec 501(h) election do uctions for lines 2: es During 4-Year A	ation file Form 472:	0 reporting	Yes No  (e) Total
2a	Subtract line 1f from line 1c. If ero or les If there is an amount other than ero on e section 4911 tax for this year  (Some organizations that columns bel  Lobt  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount (150 of line 2a, column(e))  Total lobbying expenditures	s, enter -0	e 1i, did the organi period Under Sec 501(h) election do uctions for lines 2: es During 4-Year A (b) 2010	ation file Form 472:	0 reporting	Yes No  (e) Total
	Subtract line 1f from line 1c. If ero or les If there is an amount other than ero on e section 4911 tax for this year  (Some organizations that columns bet  Lobt  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying celling amount (150 of line 2a, column(e))  Total lobbying expenditures	s, enter -0	e 1i, did the organi period Under Sec 501(h) election do uctions for lines 2: es During 4-Year A (b) 2010	ation file Form 472:	0 reporting	Yes No  (e) Total

Schedule C (Form 990 or 990-EZ) 2012

Fore	each "Yes." response to lines 1a through 1i below, provide in Part IV a detailed description	- (	a)	(	b)	
of th	e lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organi ation attempt to influence foreign, national, state or local					
	· · · · · · · · · · · · · · · · · · ·					
a		ļ				
		<u> </u>				
_	Media advertisements	<u> </u>				
	Mailings to members, legislators, or the public	<u> </u>				
_				<u> </u>		
		<b>├</b>		ļ		
j						0
		30000000	(Alexandra)			
	es, enter the amount of any tax incurred under section 4912		٠.			
	es, enter the amount of any tax incurred by organication managers under section 4912	ļ			Mark Chica	2.54/4/24
	The ming organication incurred a section 4912 tax, did it file Form 4720 for this year	· / = .	<u> </u>	<u> </u>		A SOUR
E		(C)(5)	, or s	ection		
					Yes	No
1						
2						
3						
··	answered "Yes."	OR (I		rt III-A, I	ine 3	3, is
			(Syralyses)			
-						
9			2-	l		
_			<b>—</b>			
						0
_						
		•				
•						
			1			
5			5			0
,.,		•	1 2			
		rt II.A	(affilia	tod group		
		11.31-77	(anna	ied groop		
	arting mile a and reacting mile the about complete and parties any additional information.					
1 During the year, did the filing organi ation attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)  c Media advertisements  d Mailings to members, legislators, or the public  e Publications, or published or broadcast statements  f Grants to other organi ations for lobbying purposes  g Direct contact with legislators, their staffs, government officials, or a legislative body  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means  i Other activities  j Total. Add lines 1c through 11.  2a Did the activities in line 1 cause the organi ation to be not described in section 501(c)(3)  b If es, enter the amount of any tax incurred under section 4912  c If es, enter the amount of any tax incurred by organi ation managers under section 4912  d If the filling organi ation incurred a section 4912 tax, did it file Form 4720 for this year  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Tere substantially all (90 or more) dues received nondeductible by members  2 Did the organi ation make only in-house lobbying expenditures from the prior year  Part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, lines 1 and 2, are answered "No," OR (c) Part III-A, lines 1 and 2, are answered "No," OR (c) Part III-A, lines 1 and 2, are answered "No," OR (c) Part III-A, lines 1 and 2, are answered "No," OR (c) Part III-A, lines 1 and 2, are answered "No," OR (c) Part III-A, lines 1 and 2 are answered "No						

Globa	al Outreach Developments International	20-0238931
	om 990 or 990- ) 2012	Page 4
Part IV	Supplemental Information (continued)	

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

OM No. 1545-0047
2012

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

2b. Open to Public Inspection Employer identification number

	al Outreach Developments International		20-0238931
Par	Organizations Maintaining Don-	or Advised Funds or Other Similar F	unds or Accounts. Complete if
	the organi ation answered es	to Form 990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organi ation inform all donors and do	nor advisors in writing that the assets held i	n donor advised
-	funds are the organi ation's property, sub ec		
6	Did the organi ation inform all grantees, done		
•	used only for charitable purposes and not for		
	purpose conferring impermissible private ber	the benefit of the donor of donor advisor, o	Tior any other
-			
Par	Conservation Easements. Comp	olete if the organiation answered es	s to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held I	by the organi ation (check all that apply).	
	Preservation of land for public use (e.g., recr		n of an historically important land area
	Protection of natural habitat	·	of a certified historic structure
		Freservation	Tota certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organi at	ion held a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easi		
C	Number of conservation easements on a cer-		. 2c
d	Number of conservation easements included	in (c) acquired after 8 17 06, and not on a	
	historic structure listed in the National Regist	er	2d
3	Number of conservation easements modified	, transferred, released, extinguished, or terr	ninated by the organi ation
	during the tax year		, ,
4	Number of states where property sub ect to o	onservation easement is located	
5	Does the organi ation have a written policy re		, handling of
	violations, and enforcement of the conservati	on easements it holds	Yes No
6	Staff and volunteer hours devoted to monitor		
	<b>&gt;</b>		<b>, </b>
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ease	ments during the year
	<b>&gt;</b>		monto donng tilo your
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements (	of section
	170(h)(4)( )(i) and section 170(h)(4)( )(ii) .		
9	In Part III, describe how the organi ation re		
-	balance sheet, and include, if applicable, the	text of the footnote to the organication's fine	encial statements that describes
	the organi ation's accounting for conservatio	n essements	ancial statements that describes
Par		ns of Art, Historical Treasures, or Other S	Similar Accore
	Complete if the organi ation answered		Amiliat Assets.
4 -			
1a	If the organi ation elected, as permitted under	er SFAS 116 (ASC 958), not to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other sim	liar assets held for public exhibition, educat	ion, or research in furtherance
_	of public service, provide, in Part III, the tex		
b	If the organi ation elected, as permitted under	er SFAS 116 (ASC 958), to report in its reve	nue statement and balance sheet
	works of art, historical treasures, or other sim		ion, or research in furtherance
	of public service, provide the following amount	nts relating to these items:	
	(i) Revenues included in Form 990, Part VIII	, line 1	, , •
	(ii) Assets included in Form 990, Part		, ▶
2	If the organi ation received or held works of		
	following amounts required to be reported un	der SFAS 116 (ASC 958) relating to these i	tems:
а	Revenues included in Form 990, Part VIII, lin	e1	
b	Assets included in Form 990, Part		

Par	III Organizations Maintaining Co	llections of A	rt, Hist	orical Tr	easures, or	Othe	er Similar Asset	s (con	inuea	)
3	sing the organi ation's acquisition, acces	sion, and other	records,	check any	of the following	ng that	are a significant			
	use of its collection items (check all that ap	ply):		_						
а	Public exhibition		d	Loan	or exchange p	rogran	ns			
b	Scholarly research		e	Other						
С	Preservation for future generations			-						
4	Provide a description of the organi ation's Part III.	collections and	explain h	low they fu	irther the orga	ni atio	on's exempt purpos	e in		
5	During the year, did the organi ation solici assets to be sold to raise funds rather than							Ye	s 🔲	No
Par								<u>—</u> 90, Ра	rt	
	IV, line 9, or reported an amoun									
1a	Is the organi ation an agent, trustee, custo					her as	sets not			
				=				ΠYe	s 🗌	No
b	If es, explain the arrangement in Part									
		•					Ai	mount		
C	eginning balance					1	С			0
d	Additions during the year					1	d			
е	Distributions during the year					1	e			
f	nding balance					1	f			0
_	Did the organi ation include an amount on					-		ΠYe	'е П	No
2a								<u></u>	"H	110
þ	If es, explain the arrangement in Part	*** *								
Par							, Part IV, line 10.			
	<u></u>	(a) Current year	(b) P	ior year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	eginning of year balance	0		0		0	0	<u> </u>		
b	Contributions									
C	Net investment earnings, gains,							1		
	and losses							ļ		
d	Grants or scholarships			****				<u> </u>		
е	Other expenditures for facilities				1	:				
	and programs									
f	Administrative expenses									
g	nd of year balance	0		0	1	0	0	<u> </u>		0
2	Provide the estimated percentage of the c	urrent year end	balance	(line 1g, co	olumn (a)) hel	d as:				
а	oard designated or quasi-endowment	<b>&gt;</b>								
b	Permanent endowment									
C	Temporarily restricted endowment									
	The percentages in lines 2a, 2b, and 2c sl	nould equal 100								
3a	Are there endowment funds not in the pos	session of the c	rgani at	ion that are	e held and adı	ministe	ered for the			
	organi ation by:								Yes	No
	(i) unrelated organi ations							3a(i)		
	(ii) related organi ations							3a(ii)		
b	If es to 3a(ii), are the related organi ati	ons listed as re	quired or	Schedule	R			3b		
4	Describe in Part III the intended uses of	the organi atior	's endov	ment fund	s.					
Par	t VI Land, Buildings, and Equipm				e 10.					
	Description of property	(a) Cost or o			ost or other	{(	c) Accumulated	(d)	ook valu	ie
		(investr			sls (other)	,	depreciation	• •		
1a	Land				11,755					0
b	uildings			0	1,024,777		41,247		98	33,530
C	Leasehold improvements			ol	10,867	<u> </u>	1,576			9,291
d	quipment			0	355,076		169,907		18	31,662
e	Other			0	000,0.0		0			0
	al Add lines 1a through 1e (Column (d) mus						<b>&gt;</b>		1.13	74.483

Part VII Investments—Other Securities. See Form 990, Part , line 12.  (a) Description of security or category (b) ook value (c) Method of valual	9-0238931 Page <b>3</b>
(a) Description of security or category (b) ook value (c) Method of valual (Including name of security) Cost or end-of-year man	
(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other	
(A)	
()	
(C)	
(C) (D)	
()	
(F)	
<del></del>	
(G)	0.000.000
(H)	
(I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	
Part VIII Investments—Program Related. See Form 990, Part , line 13.	
(a) Description of Investment type (b) ook value (c) Method of valual Cost or end-of-year mark	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) Ene 13.)	
Part IX Other Assets. See Form 990, Part , line 15.	
(a) Description	(b) ook value
(1) Money available to draw on from Loan	(-)
(2) ork in Progress on uilding	57,479
(3) Due from Details	8,652
(4) ndeposited Funds	20,106
(5)	20,100
(6)	
(7)	
(8)	
(9)	
(10) Total (Column (h) must soud Form 200, Part V and (R) line (F)	00.00=
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)▶	86,237
Part X Other Liabilities. See Form 990, Part , line 25.	
1. (a) Description of liability (b) ook value	
(1) Federal income taxes	1. San 2010/76/2015
(2) Credit Cards 45,449	
(3) Direct Deposit 18,834	
(5) Due to mployees	
(6)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization	zation'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	

Schedule D (Form 990) 2012 Global Outreach Developments International

20-0238931

Schear	ile D (Form 990) 2012 Global Outreach Developments International	20-0236931	Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unreali ed gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part III.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part III.)		
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part 1, line 25:		
а	Donated services and use of facilities		
b	Prior year ad ustments		
c	Other losses		
d	Other (Describe in Part III.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part I , line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part III.)		
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Par	t XIII Supplemental Information		
Part '	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9 Part III, lines 1a and 4 Part I V, line 4 Part , line 2 Part I, lines 2d and 4b and Part II, lines 2d and 4b. Also complete this part to pro- lional information.	V, lines 1b and 2 ovide any	<b>?b</b>

Schedule D (Form 9	990) 2012	Global Outreach Developments International	20-0238931 Page	5
Part XIII	Supple	emental Information (continued)		_
				—
			***************************************	
			***************************************	
			***************************************	
<del></del>				
			***	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, Ilne 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. OM No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organi ation

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

Globa	l Outreach Developmen	ts Interna	tional							20-	02389	31			
Par	Excess Benefi	t Transac	tions	(section 501	(c)(3) an	d sect	ion 50)1(c)(4) orgar	i ations only).						
	Complete if the	organi al	tion ar	nswered es	on For	m 990), Part	IV, line 25a c	or 25b, or Form	990-	, Part	V, line	40b.		
1	(a) Name of disqu	ualified perso	n	(b) Re		betweer d organi		lified person	(c) Desc	ription of	f transac	tion		(d) Corr Yes	No No
(1)															
(2)															
(3)															
(4)									·						
(5)															
(6)															
2	nter the amount of under section 4958.											. ▶			
3	nter the amount of	tax, if any	, on lir	ne 2, above, i	reimburs	ed by	the or	gani ation.				. ▶	_		
Par	t Loans to and/	or From I	nteres	sted Person	s.										
ı aı	Complete if the					rm 990)- , i	Part V, line 3	Ba or Form 990,	Part I	V, line	26 or	if the		
	organi ation re	ported an	amou	unt on Form 9	90, Parl	t , line		•			-				
(a)	Name of Interested person	(b) Relation	nship	(c) Purpose of loan	(d) Loan the organ	to or fror	m.	(e) Original incipal amount	(f) alance due	(g) ln c	fefault	(h) Ap by bo coma	proved eard or nittee	(i) agree	ritten ment
					To	From	,			Yes	No	Yes	No	Yes	No
(4)	Michael Johnson	mploye	20	to allow Glot				37,297	37,297	<u> </u>					
(2)	Jason Rouf	mploye		to allow Glob			-	39,000	35,578						
(3)		mploye		to allow Glot			1-	28,080	28,080						ĺ
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Total	1							▶	100,955						
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	Complete if the	e organi a	ation a	answered e	s on Fo	m 99	0, Par	t IV, line 27.							
_	(a) Name of interested person		(b) Re	elationship betwe erson and the org	en intereste	- 1		nt of assistance	(d) Type of a	assistano	ce .	(e) i	Purpose	of assist	tance
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Global Outreach Developments International

Schedule L (Form 990 or 990-) 2012

20-0238931

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OM No. 1545-0047

2012

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organi ation Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Global Outreach Developments International	20-0238931
Form 990, Part III, Line 4d: Program Service xpenses: 180,961, Grants and allocations: 0,	
Revenue: 387,178 North America	
Form 990, Part III, Line 4d: Program Service xpenses: 170,728, Grants and allocations: 0,	
Revenue: 86,077 Africa	
Form 990, Part III, Line 4d: Program Service xpenses: 102,168, Grants and allocations: 0,	
Revenue: 28,388 Asia	
F COO Dad III 1 in Adv. Day and a localization of	~~~~~~
Revenue: 25,978 Latin America	
Form 990, Part III, Line 4d: Program Service xpenses: 0, Grants and allocations: 0, Revenue:	
0 South ast Asia	

Sciedule O (Form 990 or 990-) (2012)	Page 2
Name of the organi ation	Employer identification number
Global Outreach Developments International	20-0238931
	······································

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#### Use of Vehicles (4562 Part V, Section B) - 990

		usiness	Commuting	Other	Total	Person Off D		 than wner	Anothe avail. f	r vehicle or use
	Vehicle Description	Miles	Miles	Miles	Miles		N	N		N
1	1976 Ford F350	5,000	0	0	5,000					
2	1997 Ford Ranger	2,500	0	0	2,500					1
3	1998 Ford F 450	1,500	0	0	1,500					
4	2001 Dodge Ram 15 Pass	5,000	0	0	5,000					
5	2006 Ford F350 12 Pass	6,000	0	0	6,000					
6	Passenger Van	5,000	0	0	5,000					

# Form 4562 Statement - 990

12/31/2012

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	Music qui					4	Free er	MUSIC quipling						music quip	music equipment	Leasehold	Storage am		Class Room Table	Studio qu		4 Compute	Music quipment		Console	Land Improvements	Garden quipment			• • •	Computer-Apple	Trailer	Furniture	Furniture	Firmiture	Fumiture	Furniture	Fumiture	Furniture	Furniture		Furniture	Furniture	Furniture	Furniture	S deducti		Depreciation Detail	79	Desc
	quipment	duibment	quipment	quipment	quipment	quipment	6	quipineri	quipment	quipment	quipment	quipment	quipment	ਰ	pment	_easehold improvements		quipment	m Table	quipment	ower	4 Computers 1 kum switc	ipment	uipment .	Desk	ovements	quipment	quipment quipment	quipment	quipment	Apple		quipment	quipment	quipment	quipment	quipment	quipment	quipment	quipment	quipment	quipment	quipment	quipment	quipment	MACRS deductions for prior years		Detail	Property	ription of
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Listed Property Listed property with more than 1976 Ford F350 1997 Ford Ranger 1998 Ford F 450 2001 Dodge Ram 15 Pas 2006 Ford F350 12 Pass Passenger Van	Subtotal Depreciation	Total GDS nonresidential real property (Line 19i)	nonresidential real property (Line 19) uild 4110 Hermitage 6 30 2012 uilding 603 601 Hadte, 12 31 2012 Shop Office 12 31 2012 uild 4111 Main Street 12 31 2012 Parsonage uilding 12 31 2012 Loft at Parsonage 12 31 2012	Total GDS 7-year property (Line 19c)	GDS 7-year property (Line 19c) L L Restaurant equip Home Depot unk ed N New Stove	Total GDS 5-year property (Line 19b)	GDS 5-year property (Line 19b) Tour us	Total MACRS deductions for prior years (Line 17)	Music quipment Music quipment All Heart quipment All Heart quipment Music quipment Music quipment Music quipment Outdoor Shop and quipment Transcontinental Durys copier printer and quipment Music quipment Music quipment Music quipment	Description of Date Plac Property In Service
an 50% business use 11 2010 V-6 11 2010 V-5 11 2010 V-6 11 2010 V-6 11 2010 V-5 11 2010 V-6 5 11 2010 V-6 7 2 2012 V-6	tion	al real property	perty (Line 19) 6 30 2012 ) 12 31 2012 12 31 2012 12 31 2012 12 31 2012 12 31 2012	rty (Line 19c)	1 31 2012 1 31 32012 1 3 13 2012 4 10 2012	ту (Line 19b)	5 11 2012	s for prior years	10 31 2011 10 30 2011 11 30 2011 11 30 2011 11 30 2011 11 30 2011 11 30 2011 12 31 2011 12 31 2011 12 31 2011	Date Placed In Service
<mark>%s                                    </mark>		(Line 19	**************************************		F-10 F-10		V-10	s (Line 1	77777777777777777777777777777777777777	Asset Code
(Line 25 100.00 100.00 100.00 100.00 100.00 100.00			100.00 100.00 100.00 100.00	7 1	100.00 100.00 100.00		100.00	7	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	us, se
and 26) 1,500 2,200 3,500 3,500 8,000 12,500	1,375,520	606,002	51,926 286,182 1,124 83,851 172,078 10,841	2,653	1,257 701 695	60,000	60,000	706,865	233 2300 1,216 626 572 362 133 60 30,674 2,691 3,197 807 30,9 1,381 1,333 233	Cost or Other
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	7.,									Credit
	0	0	00000	0	000	0	0	0	0000000000000	Special Allowance
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288 422 0 672 0	78,537	1,315	722 306 1 90 184 12	379	180 100 99	12,000	12,000	64,843	735 298 153 140 89 33 786 786 783 326 326 57	2012 Deprec.
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Subtotal Listed Property

31,200

0

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0

15,894

1,382

17,276

15,894

1,382

17,276

31,200

Total listed prop with 50 business use

Form 4562 Statement - 990

31/2012

•		ĕ	Item
Total Depreciation and Amortization		Property	Description of
n and Amor		In Service   Code	Date Placed Asset
tization		Code	Asset
<u>-</u>			us. se
1,406,720	asis	Other	Cost or
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0			Credit
0		Allowance	Special
0		Value	Salvage
1,406,720		asis	Recovery
u ·		Period	Recovery
			Method
	Code	vention	Con-
151,573	179, onus	Deprec.,	Prior Accum.
79,919		Deprec.	2012
231,492	Deprec.	Accum.	2012

#### **Elections**

#### Election to NOT claim first-year special depreciation - All Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.