

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015																								
B Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 15%;">Address change</td> <td style="width: 45%;"> C Name of organization GLOBAL IMPACT </td> <td style="width: 30%;"> D Employer identification number 52-1273585 </td> </tr> <tr> <td><input type="checkbox"/></td> <td>Name change</td> <td> Doing Business As </td> <td> E Telephone number (703) 717-5200 </td> </tr> <tr> <td><input type="checkbox"/></td> <td>Initial return</td> <td> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1199 NORTH FAIRFAX ST, SUITE 300 </td> <td rowspan="2"> G Gross receipts \$ 46,152,261. </td> </tr> <tr> <td><input type="checkbox"/></td> <td>Terminated</td> <td> City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314 </td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amended return</td> <td colspan="2"> F Name and address of principal officer: SCOTT JACKSON 1199 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314 </td> </tr> <tr> <td><input type="checkbox"/></td> <td>Application pending</td> <td colspan="2"> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) </td> </tr> </table>	<input type="checkbox"/>	Address change	C Name of organization GLOBAL IMPACT	D Employer identification number 52-1273585	<input type="checkbox"/>	Name change	Doing Business As	E Telephone number (703) 717-5200	<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1199 NORTH FAIRFAX ST, SUITE 300	G Gross receipts \$ 46,152,261.	<input type="checkbox"/>	Terminated	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314	<input type="checkbox"/>	Amended return	F Name and address of principal officer: SCOTT JACKSON 1199 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314		<input type="checkbox"/>	Application pending	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																								
J Website: ▶ WWW.CHARITY.ORG																								
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶																								
L Year of formation: 1981 M State of legal domicile: DC																								

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: GLOBAL IMPACT BUILDS PARTNERSHIPS AND RESOURCES FOR THE WORLD'S MOST VULNERABLE PEOPLE.		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	84.
	6	Total number of volunteers (estimate if necessary)	6	18.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,165.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-7,956.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	38,186,920.	43,300,109.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,949,817.	2,145,376.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,733.	70,769.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	12		40,176,470.	45,516,254.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,750,330.	35,406,476.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,165,688.	6,212,916.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 778,856.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,126,181.	3,809,962.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,042,199.	45,429,354.
	19	Revenue less expenses. Subtract line 18 from line 12	134,271.	86,900.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	19,396,108.	25,760,932.
22	Net assets or fund balances. Subtract line 21 from line 20	13,539,413.	19,904,237.	
		5,856,695.	5,856,695.	

Part II Signature Block

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

Sign Here	Signature of officer SCOTT JACKSON	Date	
	Type or print name and title	PRESIDENT AND CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JOYCE UNDERWOOD	<i>Joyce Underwood</i>	2/11/14
	Firm's name ▶ BDO USA, LLP	Check <input type="checkbox"/> if self-employed	PTIN P00022361
	Firm's address ▶ 8401 GREENSBORO DRIVE, SUITE 800 MCLEAN, VA 22102	Firm's EIN ▶ 13-5381590	Phone no. 703-893-0600

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

GLOBAL IMPACT BUILDS PARTNERSHIPS AND RESOURCES FOR THE WORLD'S MOST
VULNERABLE PEOPLE.
(CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 37,072,087. including grants of \$ 33,545,973.) (Revenue \$ 479,010.)
CAMPAIGN SOLUTIONS. (SEE SCHEDULE O FOR CONTINUATION.)

4b (Code:) (Expenses \$ 3,629,837. including grants of \$ 1,860,503.) (Revenue \$ 1,641,201.)
PARTNER SOLUTIONS. (SEE SCHEDULE O FOR CONTINUATION.)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 40,701,924.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARK MILLIGAN, MNG DIR-FINANCE 1199 N FAIRFAX ST #300 ALEXANDRIA, VA 22314 703-717-5200

MARK MILLIGAN, MNG DIR-FINANCE 1199 N FAIRFAX ST #300 ALEXANDRIA, VA 22314 703-717-5200

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE POLO BOARD CHAIRMAN	2.00 0	X		X				0	0	0
(2) NANCY KELLY BOARD VICE CHAIRMAN	2.00 0	X		X				0	0	0
(3) JAMES KANUCH, CPA BOARD SECRETARY/TREASURER	2.00 0	X		X				0	0	0
(4) TIMOTHY BLOECHL BOARD MEMBER	1.00 0	X						0	0	0
(5) JOSEPH CRUPI BOARD MEMBER	1.00 0	X						0	0	0
(6) KENNETH FLEISHMAN BOARD MEMBER	1.00 0	X						0	0	0
(7) MOUHAMED DJALO BOARD MEMBER	1.00 0	X						0	0	0
(8) PETER GRANT BOARD MEMBER	1.00 0	X						0	0	0
(9) STAN HARRELL BOARD MEMBER	1.00 0	X						0	0	0
(10) KAREN JOHNSON BOARD MEMBER	1.00 0	X						0	0	0
(11) MARYON DAVIES LEWIS BOARD MEMBER	1.00 0	X						0	0	0
(12) DAVID WU BOARD MEMBER	1.00 0	X						0	0	0
(13) RABIH TORBAY BOARD MEMBER	1.00 0	X						0	0	0
(14) MAURICIO VIVERO BOARD MEMBER	1.00 0	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) EDWARD ZELLEM BOARD MEMBER	1.00 0	X						0	0	0
16) SCOTT JACKSON PRESIDENT AND CEO	40.00 0	X		X				387,543.	0	45,842.
17) CAROL REIG BOARD MEMBER	1.00 0	X						0	0	0
18) KATHRYN COMPTON BOARD MEMBER	1.00 0	X						0	0	0
19) PIERRE FERRARI BOARD MEMBER	1.00 0	X						0	0	0
20) STANLEY BERMAN FORMER CHIEF FINANCIAL OFFICER	40.00 0				X			228,684.	0	37,188.
21) ANN CANELA VP, PARTNER SOLUTIONS	40.00 0					X		167,776.	0	22,852.
22) JOSEPH METTIMANO VP FOR MARKETING&CAMPAIGN MGMT	40.00 0					X		164,748.	0	35,236.
23) VICTORIA ADAMS EXEC DIR, CFC-OVERSEAS	40.00 0					X		135,018.	0	19,659.
24) MARK MILLIGAN MANAGING DIR, FINANCE	40.00 0					X		127,093.	0	18,901.
25) CHRISTINE SOW EXEC DIR, GLOBAL HEALTH COUNCI	40.00 0					X		153,500.	0	11,711.
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,472,695.	0	191,389.
d Total (add lines 1b and 1c)								1,472,695.	0	191,389.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	35,286,700.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions),	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,013,409.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			43,300,109.				
Program Service Revenue				Business Code				
	2a <u>ADV SVCS/PR GR/REL REV</u>		900099	1,666,366.	1,641,201.	25,165.		
	b <u>MEMBER STATE REGISTRATION</u>		900099	291,850.	291,850.			
	c <u>COOPERATIVE ADVERTISING</u>		900099	187,160.	187,160.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			2,145,376.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			36,953.			36,953.	
	4 Income from investment of tax-exempt bond proceeds ▶			0				
	5 Royalties ▶			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
	c Rental income or (loss)							
	d Net rental income or (loss) ▶				0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		669,823.						
	b Less: cost or other basis and sales expenses			636,007.				
	c Gain or (loss)			33,816.				
	d Net gain or (loss) ▶				33,816.		33,816.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
	b Less: direct expenses b							
	c Net income or (loss) from fundraising events ▶				0			
9a Gross income from gaming activities. See Part IV, line 19 a								
b Less: direct expenses b								
c Net income or (loss) from gaming activities ▶				0				
10a Gross sales of inventory, less returns and allowances a								
b Less: cost of goods sold b								
c Net income or (loss) from sales of inventory ▶				0				
Miscellaneous Revenue			Business Code					
11a _____								
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶				0				
12 Total revenue. See instructions ▶				45,516,254.	2,120,211.	25,165.	70,769.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,271,362.	34,271,362.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,135,114.	1,135,114.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	612,093.	331,189.	259,951.	20,953.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	4,435,378.	2,492,358.	1,609,692.	333,328.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	318,427.	187,946.	113,622.	16,859.
9 Other employee benefits	527,620.	262,380.	199,620.	65,620.
10 Payroll taxes	319,398.	211,576.	92,756.	15,066.
11 Fees for services (non-employees):				
a Management	644,122.	297,854.	282,344.	63,924.
b Legal	190,654.		190,654.	
c Accounting	96,681.	22,038.	74,643.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	10,052.		10,052.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	54,992.	54,992.		
12 Advertising and promotion	878,829.	708,310.	38,750.	131,769.
13 Office expenses	541,959.	280,419.	205,967.	55,573.
14 Information technology	209,625.	42,973.	166,652.	
15 Royalties	0			
16 Occupancy	337,490.	202,255.	111,976.	23,259.
17 Travel	298,597.	187,313.	66,050.	45,234.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	76,905.	6,959.	62,675.	7,271.
20 Interest	6,886.	6,886.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	413,620.		413,620.	
23 Insurance	49,550.		49,550.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	45,429,354.	40,701,924.	3,948,574.	778,856.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	200.	1	200.
	2 Savings and temporary cash investments	3,974,312.	2	3,531,543.
	3 Pledges and grants receivable, net	12,168,092.	3	19,306,907.
	4 Accounts receivable, net	401,596.	4	469,778.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	111,985.	9	106,031.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,488,117.		
	b Less: accumulated depreciation	10b 1,381,502.	1,456,984.	10c 1,106,615.
	11 Investments - publicly traded securities	1,113,443.	11	1,086,905.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	169,496.	15	152,953.
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,396,108.	16	25,760,932.	
Liabilities	17 Accounts payable and accrued expenses	667,490.	17	1,310,559.
	18 Grants payable	0	18	0
	19 Deferred revenue	818,884.	19	895,330.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	94,463.	23	83,642.
	24 Unsecured 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 X of Schedule D	11,958,576.	25	17,614,706.
	26 Total liabilities. Add lines 17 through 25	13,539,413.	26	19,904,237.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,856,695.	27	5,856,695.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,856,695.	33	5,856,695.
	34 Total liabilities and net assets/fund balances	19,396,108.	34	25,760,932.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,516,254.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,429,354.
3	Revenue less expenses. Subtract line 2 from line 1	3	86,900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,856,695.
5	Net unrealized gains (losses) on investments	5	-86,900.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,856,695.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 99.96%; 15 Public support percentage from 2013 Schedule A, Part II, line 14 99.97%; 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization []; 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization []; 17b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [].

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2014

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

Name of the organization GLOBAL IMPACT	Employer identification number 52-1273585
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **GLOBAL IMPACT**

Employer identification number
52-1273585

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 8,237,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,127,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,143,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 3,773,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL IMPACT

Employer identification number

52-1273585

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

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

Name of organization GLOBAL IMPACT

Employer identification number

52-1273585

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public 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) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: 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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GLOBAL IMPACT	Employer identification number 52-1273585
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures		45,429,354.	
e Total exempt purpose expenditures (add lines 1c and 1d)		45,429,354.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-		0	0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization 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).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political 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, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Horizontal lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2014

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a column for questions 5 and 6 with Yes/No checkboxes.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description of conservation easement and Held at the End of the Tax Year (with sub-rows 2a-2d).

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

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

Table with 2 columns: Description of art/historical treasures and Amounts (Revenue and Assets).

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

Schedule D (Form 990) 2014

JSA 4E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		898,073.	108,911.	789,162.
d Equipment		576,974.	267,221.	309,753.
e Other		1,013,070.	1,005,370.	7,700.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,106,615.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CAMPAIGN FUNDS PAYABLE-MEMBER CHARI	16,615,673.	
(3) DONOR ADVISED FUNDS PAYABLE	574,017.	
(4) OTHER DISTRIBUTIONS PAYABLE	425,016.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	17,614,706.	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	16,543,190.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a -86,900.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-86,900.
3	Subtract line 2e from line 1		3	16,630,090.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 28,886,164.		
c	Add lines 4a and 4b		4c	28,886,164.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	45,516,254.

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

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

1	Total expenses and losses per audited financial statements		1	16,543,190.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	16,543,190.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 28,886,164.		
c	Add lines 4a and 4b		4c	28,886,164.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	45,429,354.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2:

UNDER ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, GLOBAL IMPACT MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED. GLOBAL IMPACT DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT SHOULD BE RECORDED. FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES. GLOBAL IMPACT IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2012 FORWARD.

PART XI, LINE 4B:

OTH AMTS INCLUDED ON RETURN NOT IN FINANCIALS
REVENUE

GLOBAL IMPACT DISTRIBUTION TO MEMBER CHARITIES	22,101,199
CFC-O REVENUE NET OF SHRINKAGE	6,784,965
TOTAL	28,886,164

PART XII, LINE 4B:

OTH AMTS INCLUDED ON RETURN NOT IN FINANCIALS
EXPENSES

GLOBAL IMPACT DISTRIBUTION TO MEMBER CHARITIES	22,101,199
CFC-O DISTRIBUTION TO CHARITIES	5,387,588
CFC-O EXPENSES	1,397,377
TOTAL	28,886,164

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

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

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

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			GRANTMAKING	GRANTS	19,842.
(2) EUROPE			GRANTMAKING	GRANTS	926,764.
(3) NORTH AMERICA			GRANTMAKING	GRANTS	188,508.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					1,135,114.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,135,114.

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

Schedule F (Form 990) 2014

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	GENERAL SUPP	5,431.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	GENERAL SUUP	7,594.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	7,594.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	726,509.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	10,000.	CHECK			
(6)			NORTH AMERICA	GENERAL SUPP	188,508.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	145,523.	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	29,545.	CHECK			
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 8.

3 Enter total number of other organizations or entities.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) INDIVIDUAL	EAST ASIA/PACIFIC	1.	14,501.	CHECK			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

PARTS I, II AND III:

THE ORGANIZATION USES THE ACCRUAL BASIS OF ACCOUNTING TO ACCOUNT FOR
EXPENDITURES AND GRANTS REPORTED UNDER PARTS I, II AND III.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACCION INTERNATIONAL 56 ROLAND STREET SUITE 300 BOSTON, MA 02129	132535763	501(C)(3)	5,981.				GENERAL SUPPORT
(2) AFRICAN MEDICAL AND RESEARCH FOUNDATION (AM 4 WEST 43RD STREET 2ND FLOOR	131867411	501(C)(3)	8,181.				GENERAL SUPPORT
(3) AFRICARE 440 R STREET NW WASHINGTON, DC 20001	237116952	501(C)(3)	55,289.				GENERAL SUPPORT
(4) AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET NEW YORK, NY 10018	222584370	501(C)(3)	20,905.				GENERAL SUPPORT
(5) AMERICAN NEAR EAST REFUGEE AID (ANERA) 1522 K STREET, NW SUITE 600	520882226	501(C)(3)	10,534.				GENERAL SUPPORT
(6) AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	061008595	501(C)(3)	72,830.				GENERAL SUPPORT
(7) ASHOKA 1700 N MOORE ST SUITE 2000	510255908	501(C)(3)	8,132.				GENERAL SUPPORT
(8) BOY SCOUTS OF AMERICA - ALOHA COUNCIL #104 42 PUIWA ROAD HONOLULU, HI 96817	990073482	501(C)(3)	14,485.				GENERAL SUPPORT
(9) BOY SCOUTS OF AMERICA - TRANSATLANTIC COUNCIL UNIT 29242 APO, AP 09102	980000121	501(C)(3)	15,970.				GENERAL SUPPORT
(10) CARE (COOPERATIVE FOR ASSISTANCE AND RELIEF) 151 ELLIS STREET, NE ATLANTA, GA 30303	131685039	501(C)(3)	135,363.				GENERAL SUPPORT
(11) CHILDFUND INTERNATIONAL 2821 EMERYWOOD PKWY. RICHMOND, VA 23294	540536100	501(C)(3)	5,477.				GENERAL SUPPORT
(12) CHURCH WORLD SERVICE/CROP 28606 PHILLIPS STREET P.O. BOX 968	134080201	501(C)(3)	8,512.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVENUE 2ND FLOOR	133433452	501(C)(3)	2,955,225.				GENERAL SUPPORT
(2) EPISCOPAL RELIEF & DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	731635264	501(C)(3)	43,087.				GENERAL SUPPORT
(3) FINCA INTERNATIONAL 1101 14TH STREET, NW 11TH FLOOR	133240109	501(C)(3)	19,562.				GENERAL SUPPORT
(4) GIRL SCOUTS OVERSEAS 420 FIFTH AVENUE NEW YORK, NY 10018-2798	131624016	501(C)(3)	7,749.				GENERAL SUPPORT
(5) HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	351019477	501(C)(3)	227,562.				GENERAL SUPPORT
(6) HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH SUITE 1200	135562162	501(C)(3)	6,653.				GENERAL SUPPORT
(7) INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD. SUITE 400	953949646	501(C)(3)	11,825.				GENERAL SUPPORT
(8) INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES 110 WEST ROAD SUITE 360 BALTIMORE, MD 21204	251679348	501(C)(3)	39,034.				GENERAL SUPPORT
(9) INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON ROAD SUITE 2G	330412751	501(C)(3)	10,200.				GENERAL SUPPORT
(10) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND ST. 12TH FLOOR	135660870	501(C)(3)	67,760.				GENERAL SUPPORT
(11) LUTHERAN WORLD RELIEF 700 LIGHT STREET BALTIMORE, MD 21230	132574963	501(C)(3)	176,173.				GENERAL SUPPORT
(12) MERCY CORPS 3015 SW FIRST AVENUE PORTLAND, OR 97201	911148123	501(C)(3)	64,986.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OPERATION SMILE, INC 6435 TIDEWATER DRIVE NORFOLK, VA 23509	541460147	501(C)(3)	42,609.				GENERAL SUPPORT
(2) OXFAM AMERICA 226 CAUSEWAY STREET 5TH FLOOR	237069110	501(C)(3)	151,927.				GENERAL SUPPORT
(3) PARTNERS IN HEALTH 888 COMMONWEALTH AVE 3RD FLOOR	043567502	501(C)(3)	72,026.				GENERAL SUPPORT
(4) PLAN USA 155 PLAN WAY WARWICK, RI 02866-1099	135661832	501(C)(3)	8,146.				GENERAL SUPPORT
(5) PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH 255 CARTER HALL LANE MILLWOOD, VA 22646	530242962	501(C)(3)	36,268.				GENERAL SUPPORT
(6) ROTARY FOUNDATION OF ROTARY INTERNATIONAL 1560 SHERMAN AVENUE EVANSTON, IL 60201-3698	363245072	501(C)(3)	20,966.				GENERAL SUPPORT
(7) SALVATION ARMY WORLD SERVICE OFFICE (SAWSO) 615 SLATERS LANE ALEXANDRIA, VA 22314	132923701	501(C)(3)	162,083.				GENERAL SUPPORT
(8) SAVE THE CHILDREN FEDERATION, INC. 54 WILTON ROAD WESTPORT, CT 06880	060726487	501(C)(3)	325,594.				GENERAL SUPPORT
(9) U.S. FUND FOR UNICEF 125 MAIDEN LN 10TH FL NEW YORK, NY 10038	131760110	501(C)(3)	102,012.				GENERAL SUPPORT
(10) UNITARIAN UNIVERSALIST SERVICE COMMITTEE 689 MASSASSACHUSETTS AVENUE	046186012	501(C)(3)	23,745.				GENERAL SUPPORT
(11) UNITED METHODIST COMMITTEE ON RELIEF 475 RIVERSIDE DRIVE, ROOM 330	135562279	501(C)(3)	164,803.				GENERAL SUPPORT
(12) WATER FOR PEOPLE 666 WEST QUINCY AVE DENVER, CO 80235	841166148	501(C)(3)	44,673.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WILLIAM J. CLINTON FOUNDATION 610 PRESIDENT CLINTON AVENUE	311580204	501(C)(3)	24,107.				GENERAL SUPPORT
(2) WOMEN FOR WOMEN INTERNATIONAL 4455 CONNECTICUT AVE NW SUITE 200	521838756	501(C)(3)	28,762.				GENERAL SUPPORT
(3) WORLD CHILDHOOD FOUNDATION 183 MADISON AVE, SUITE 715	161559586	501(C)(3)	7,111.				GENERAL SUPPORT
(4) WORLD RENEW (CRWRC) 2850 KALAMAZOO AVENUE SE	381708140	501(C)(3)	9,824.				GENERAL SUPPORT
(5) FIDESCO USA 2204 SOUTH CEDAR BLVD ALLENTOWN, PA 18103	262457618	501(C)(3)	25,080.				GENERAL SUPPORT
(6) THE GLOBAL HUNGER PROJECT 5 UNION SQUARE WEST 7TH FLR	942443282	501(C)(3)	18,280.				GENERAL SUPPORT
(7) NRA CIVIL RIGHTS DEFENSE FUND 11250 WAPLES MILL RD,	521136665	501(C)(3)	11,936.				GENERAL SUPPORT
(8) NATIONAL PUBLIC RADIO PO BOX 79540 BALTIMORE, MD 21279	520907625	501(C)(3)	20,829.				GENERAL SUPPORT
(9) ARCHDIOCESE FOR MILITARY SVC USA 1025 MICHIGAN AVE NE WASHINGTON, DC 20017	131624090	501(C)(3)	28,990.				GENERAL SUPPORT
(10) HUMAN SERVICE CHARITIES AMERIC P.O. BOX 79770 BALTIMORE, MD 21279-9770	943240353	501(C)(3)	25,337.				GENERAL SUPPORT
(11) CHRISTIAN SERVICE CHARITIES P.O. BOX 79704 BALTIMORE, MD 21279-9704	943193374	501(C)(3)	283,352.				GENERAL SUPPORT
(12) AMERICA'S CHARITIES 14150 NEWBROOK DR, STE 110	541517707	501(C)(3)	123,850.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DUCKS UNLIMITED INC ONE WATERFOWL WAY MEMPHIS, TN 38120	135643799	501(C)(3)	10,027.				GENERAL SUPPORT
(2) EARTHSHARE YOUR CFC REGION #, DEPT. 4011	521601960	501(C)(3)	91,446.				GENERAL SUPPORT
(3) ANIMAL CHARITIES AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	943193389	501(C)(3)	237,978.				GENERAL SUPPORT
(4) AMERICAN RED CROSS 2025 E ST, NW WASHINGTON, DC 20006	530196605	501(C)(3)	121,853.				GENERAL SUPPORT
(5) CHARITIES WITHOUT BORDERS (DO PO BOX 45754 SAN FRANCISCO, CA 94145	943148590	501(C)(3)	66,925.				GENERAL SUPPORT
(6) MILITARY FAMILY & VETERANS SER PO BOX 45754 SAN FRANCISCO, CA 94145	943193418	501(C)(3)	386,822.				GENERAL SUPPORT
(7) SPORTS CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94145	470863988	501(C)(3)	33,308.				GENERAL SUPPORT
(8) EDUCATE AMERICA! PO BOX 45754 SAN FRANCISCO, CA 94145	943193387	501(C)(3)	44,865.				GENERAL SUPPORT
(9) CHILDREN FIRST - AMERICA'S CHA 14150 NEWBROOK DR STE 110	300186795	501(C)(3)	129,547.				GENERAL SUPPORT
(10) CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94145	943255961	501(C)(3)	113,584.				GENERAL SUPPORT
(11) NATIONAL FALLEN FIREFIGHTERS FND PO DRAWER 498 EMMITSBURG, MD 21727	521832634	501(C)(3)	6,059.				GENERAL SUPPORT
(12) FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	592174510	501(C)(3)	8,178.				GENERAL SUPPORT

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Schedule I (Form 990) (2014)

JSA

4E1288 1.000

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1) UNITED NEGRO COLLEGE FUND 1805 7TH ST NW WASHINGTON, DC 20001	131624241	501(C)(3)	15,046.				GENERAL SUPPORT
(2) BUILD A BETTER WORLD 125 WASHINGTON ST, STE 201 SALEM, MA 01970	201348415	501(C)(3)	15,168.				GENERAL SUPPORT
(3) CANCERCURE AMER: CARE, UNDERST PO BOX 45754 SAN FRANCISCO, CA 94145	810648432	501(C)(3)	177,579.				GENERAL SUPPORT
(4) JEWISH CHARITIES AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	680473577	501(C)(3)	8,161.				GENERAL SUPPORT
(5) MEDICAL RESEARCH CHARITIES 125 WASHINGTON ST, STE 201 SALEM, MA 01970	943148591	501(C)(3)	75,518.				GENERAL SUPPORT
(6) HISPANIC & LATINO CHARITIES TH PO BOX 45754 SAN FRANCISCO, CA 94145	680455509	501(C)(3)	26,506.				GENERAL SUPPORT
(7) HEALTH FIRST - AMERICA'S CHARI 14150 NEWBROOK DR, STE 110	300186796	501(C)(3)	59,754.				GENERAL SUPPORT
(8) AID FOR AFRICA PO BOX 8734 TOPEKA, KS 66608	061703295	501(C)(3)	31,551.				GENERAL SUPPORT
(9) HUMAN AND CIVIL RIGHTS ORG OF AMER 125 WASHINGTON ST STE 201 SALEM, MA 01970	943193388	501(C)(3)	27,002.				GENERAL SUPPORT
(10) USO 2111 WILSON BLVD. STE 1200	131610451	501(C)(3)	125,099.				GENERAL SUPPORT
(11) WOUNDED WARRIOR PROJECT 4899 BELFORT RD., STE 300	202370934	501(C)(3)	296,234.				GENERAL SUPPORT
(12) MENTAL HEALTH & ADDICTION NETW 125 WASHINGTON ST STE 201 SALEM, MA 01970	201358397	501(C)(3)	17,169.				GENERAL SUPPORT

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Schedule I (Form 990) (2014)

JSA

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Employer identification number

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(1) CONSERVATION & PRESERVATION CH PO BOX 45754 SAN FRANCISCO, CA 94145	943217738	501(C)(3)	66,464.				GENERAL SUPPORT
(2) CHILDREN'S CHARITIES AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	943148588	501(C)(3)	173,613.				GENERAL SUPPORT
(3) HEALTH & MEDICAL RESEARCH CHAR PO BOX 45754 SAN FRANCISCO, CA 94145	943217739	501(C)(3)	248,118.				GENERAL SUPPORT
(4) NRA FOUNDATION INC, THE 11250 WAPLES MILL RD FAIRFAX, VA 22030	521710886	501(C)(3)	8,801.				GENERAL SUPPORT
(5) WOMEN, CHILDREN & FAMILY SERVI PO BOX 45754 SAN FRANCISCO, CA 94145	943193386	501(C)(3)	75,764.				GENERAL SUPPORT
(6) CHILDREN'S MEDICAL & RESEARCH PO BOX 45754 SAN FRANCISCO, CA 94145	270093393	501(C)(3)	106,524.				GENERAL SUPPORT
(7) COMMUNITY HEALTH CHARITIES PO BOX 75153 BALTIMORE, MD 21275	136167225	501(C)(3)	463,534.				GENERAL SUPPORT
(8) ARTS FEDERATION 125 WASHINGTON ST, STE 201 SALEM, MA 01970	030524939	501(C)(3)	10,085.				GENERAL SUPPORT
(9) MILITARY & CIVILIANS UNITED FO 125 WASHINGTON ST STE 201 SALEM, MA 01970	205300252	501(C)(3)	6,626.				GENERAL SUPPORT
(10) FAMILY AND HEALTH CHARITIES 125 WASHINGTON ST STE 201	205300189	501(C)(3)	8,114.				GENERAL SUPPORT
(11) MILITARY SUPPORT GROUPS AMERIC PO BOX 45754 SAN FRANCISCO, CA 94145	272242752	501(C)(3)	112,023.				GENERAL SUPPORT
(12) FREEDOM FROM RELIGION FOUND INC 304 WEST WASHINGTON AVE MADISON, WI 53703	391302520	501(C)(3)	7,739.				GENERAL SUPPORT

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Schedule I (Form 990) (2014)

JSA

4E1288 1.000

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CATHOLIC SERVICE ORGANIZATIONS PO BOX 45754 SAN FRANCISCO, CA 94145	451679647	501(C)(3)	127,689.				GENERAL SUPPORT
(2) CHRISTIAN CHILDREN'S CHARITIES PO BOX 45754 SAN FRANCISCO, CA 94145	452919697	501(C)(3)	33,493.				GENERAL SUPPORT
(3) CHARITIES UNDER 1% OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94145	273132554	501(C)(3)	89,220.				GENERAL SUPPORT
(4) TEAM RED WHITE AND BLUE 1110 W. PLATT ST. TAMPA, FL 33606	272196347	501(C)(3)	7,477.				GENERAL SUPPORT
(5) LUPUS RESEARCH INSTITUTE 330 SEVENTH AVE, STE 1701	061565950	501(C)(3)	9,706.				GENERAL SUPPORT
(6) CHILD AID USA 125 WASHINGTON ST, STE 201 SALEM, MA 01970	263061082	501(C)(3)	13,317.				GENERAL SUPPORT
(7) CHARITIES UNDER 5% OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94145	273132492	501(C)(3)	27,539.				GENERAL SUPPORT
(8) ARMED FORCES AID CAMPAIGN 7410 HERITAGE VILLAGE PLAZA	841149039	501(C)(3)	5,069.				GENERAL SUPPORT
(9) PAT TILLMAN FOUNDATION 217 N. JEFFERSON ST. SUITE 602	201072336	501(C)(3)	5,758.				GENERAL SUPPORT
(10) HONOR FLIGHT INC 300 EAST AUBURN AVE SPRINGFIELD, OH 45505	202751460	501(C)(3)	5,137.				GENERAL SUPPORT
(11) CHRISTIAN AID USA 125 WASHINGTON ST, STE 201 SALEM, MA 01970	263070569	501(C)(3)	14,647.				GENERAL SUPPORT
(12) DIABETES CHARITIES AMERICA 125 WASHINGTON STREET, SUITE 201	201468898	501(C)(3)	16,851.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2014)

JSA

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL BLACK FEDERATION CHAR 17 ACADEMY STREET NEWARK, NJ 07102	223596098	501(C)(3)	16,524.				GENERAL SUPPORT
(2) WOUNDED WARRIORS FAMILY SUPPORT 920 S. 107TH AVE. STE 250	201407520	501(C)(3)	19,577.				GENERAL SUPPORT
(3) WILD ANIMALS WORLDWIDE PO BOX 45754 SAN FRANCISCO, CA 94145	208774272	501(C)(3)	45,720.				GENERAL SUPPORT
(4) K9S FOR WARRIORS 260 SOUTH ROSCOE BLVD	275219467	501(C)(3)	20,141.				GENERAL SUPPORT
(5) AMERICA BREAST CANCER FOUNDATION 10400 LITTLE PATUXENT PKY, STE 480	522031814	501(C)(3)	9,108.				GENERAL SUPPORT
(6) UNIQUE & NOTEWORTHY CHARITIES PO BOX 45754 SAN FRANCISCO, CA 94145	463016556	501(C)(3)	53,049.				GENERAL SUPPORT
(7) CHILDAID INTERNATIONAL 125 WASHINGTON ST, STE 201 SALEM, MA 01970	201358458	501(C)(3)	19,557.				GENERAL SUPPORT
(8) UNITED WAY OF CENTRAL ALABAMA INC 3600 8TH AVE SOUTH BIRMINGHAM, AL 35232	630288846	501(C)(3)	10,840.				GENERAL SUPPORT
(9) LOCAL INDEPENDENT CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	943042430	501(C)(3)	12,140.				GENERAL SUPPORT
(10) LOCAL INDEPENDENT CHARITIES OF TEXAS PO BOX 45755 SAN FRANCISCO, CA 94145	943219813	501(C)(3)	7,194.				GENERAL SUPPORT
(11) COMMUNITY HEALTH CHARITIES OF FLORIDA INC 6850 BELFORT OAKS PLACE	593218006	501(C)(3)	7,944.				GENERAL SUPPORT
(12) UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420	530234290	501(C)(3)	13,062.				GENERAL SUPPORT

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Schedule I (Form 990) (2014)

JSA

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

GLOBAL IMPACT

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ANIMAL WELFARE FUND INC 125 WASHINGTON ST STE 201 SALEM, MA 01970	260610986	501(C)(3)	6,441.				GENERAL SUPPORT
(2) COMMUNITY HEALTH CHARITIES OF THE NATIONAL 211 N UNION ST STE 100 ALEXANDRIA, VA 22314	521089036	501(C)(3)	6,369.				GENERAL SUPPORT
(3) AMERICAN NATIONAL RED CROSS PO BOX 60310 MIDLAND, TX 79711	530196605	501(C)(3)	14,445.				GENERAL SUPPORT
(4) COMMUNITY HEALTH CHARITIES PO BOX 758858 BALTIMORE, MD 21275	750954584	501(C)(3)	6,866.				GENERAL SUPPORT
(5) COMMUNITY HEALTH CHARITIES 902 RARIG AVE COLUMBUS, OH 43219	311055345	501(C)(3)	6,205.				GENERAL SUPPORT
(6) COMMUNITY HEALTH CHARITIES OF CALIFORNIA PO BOX 758858 BALTIMORE, MD 21275	941732873	501(C)(3)	14,495.				GENERAL SUPPORT
(7) ALCOA FOUNDATION 201 ISABELLA ST PITTSBURGH, PA 15212	251128857	501(C)(3)	292,689.				GENERAL SUPPORT
(8) ALS ASSOCIATION - NATIONAL OFFICE 1275 K ST NW, #250 WASHINGTON, DC 20005	133271855	501(C)(3)	6,675.				GENERAL SUPPORT
(9) ALZHEIMERS ASSOCIATION-CENTRAL OHIO 1379 DUBLIN RD COLUMBUS, OH 43215	310996236	501(C)(3)	5,851.				GENERAL SUPPORT
(10) ALZHEIMERS DISEASE AND RELATED DISORDERS AS 2 JEFFERSON PLAZA POUGHKEEPSIE, NY 12601	141695487	501(C)(3)	6,057.				GENERAL SUPPORT
(11) AMERICAN CANCER SOCIETY - OHIO DIV. 5555 FRANTZ RD. DUBLIN, OH 43017	131788491	501(C)(3)	7,804.				GENERAL SUPPORT
(12) AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311	131623888	501(C)(3)	9,696.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1) AMERICAN DIABETES ASSOCIATION INC 1701 N. BEAUREGARD STREET	131623888	501(C)(3)	5,383.				GENERAL SUPPORT
(2) AMERICAN HEART ASSOCIATION-COLUMBUS 5455 NORTH HIGH STREET	135613797	501(C)(3)	5,753.				GENERAL SUPPORT
(3) AMERICAN RED CROSS - NATIONAL P.O. BOX 37295 WASHINGTON, DC 20013	530196605	501(C)(3)	15,456.				GENERAL SUPPORT
(4) ARTHUR G JAMES CANCER HOSPITAL 300 WEST 10TH AVENUE COLUMBUS, OH 43210	311301428	501(C)(3)	8,176.				GENERAL SUPPORT
(5) ASPCA 424 EAST 92ND STREET NEW YORK, NY 10128	131623829	501(C)(3)	13,888.				GENERAL SUPPORT
(6) BALLET METROPOLITAN INC 322 MT. VERNON AVE. COLUMBUS, OH 43215-2131	310858562	501(C)(3)	6,865.				GENERAL SUPPORT
(7) BAPS CHARITIES 81 SUTTONS LN, STE 201 PISCATAWAY, NJ 08854	261530694	501(C)(3)	8,031.				GENERAL SUPPORT
(8) BARAT ACADEMY 17815 WILD HORSE CREEK ROAD	202666579	501(C)(3)	7,150.				GENERAL SUPPORT
(9) BELMONT-REDWOOD SHORES SCHOOL FDN P.O. BOX 5196 BELMONT, CA 94002	912159650	501(C)(3)	5,591.				GENERAL SUPPORT
(10) BOY SCOUTS OF AMERICA 60 WELLINGTON ROAD MILFORD, CT 06460	060646793	501(C)(3)	12,764.				GENERAL SUPPORT
(11) BOY SCOUTS OF AMERICA / JAYHAWK 1020 SE MONROE TOPEKA, KS 66612	480543748	501(C)(3)	11,577.				GENERAL SUPPORT
(12) BOYS AND GIRLS CLUB OF TOPEKA 550 SE 27TH TOPEKA, KS 66605	480636732	501(C)(3)	44,734.				GENERAL SUPPORT

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Schedule I (Form 990) (2014)

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1) BRIDGEPORT RESCUE MISSION INC 481 PEQUONNOCK STREET BRIDGEPORT, CT 06604	061362705	501(C)(3)	12,487.				GENERAL SUPPORT
(2) CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE #2400 ORLANDO, FL 32832	956006173	501(C)(3)	9,897.				GENERAL SUPPORT
(3) CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVENUE BRIDGEPORT, CT 06606	060653053	501(C)(3)	12,430.				GENERAL SUPPORT
(4) CATHOLIC FOUNDATION 5310 HARVEST HILL RD DALLAS, TX 75230	751106620	501(C)(3)	10,000.				GENERAL SUPPORT
(5) CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201	135563422	501(C)(3)	36,285.				GENERAL SUPPORT
(6) CENTER OF HOPE / PROJECT DESERVE 400 N EMPORIA WICHITA, KS 67202	480578624	501(C)(3)	16,497.				GENERAL SUPPORT
(7) CENTRAL OHIO PARKINSON SOCIETY 2800 CORPORATE EXCHANGE DR #265	310986384	501(C)(3)	5,028.				GENERAL SUPPORT
(8) CHAUTAUQUA INSTITUTION PO BOX 28 CHAUTAUQUA, NY 14722	160758844	501(C)(3)	8,000.				GENERAL SUPPORT
(9) CHILDRENS HUNGER ALLIANCE 1105 SCHROCK RD. STE 505 COLUMBUS, OH 43229	237303509	501(C)(3)	9,753.				GENERAL SUPPORT
(10) CHRIST CHURCH, INC 43547 KIPLINGTON SQ. SOUTH RIDING, VA 20152	651262156	501(C)(3)	30,855.				GENERAL SUPPORT
(11) CHRISTIAN LIFE SCHOOL 10700 75TH STREET KENOSHA, WI 53142	392003070	501(C)(3)	23,728.				GENERAL SUPPORT
(12) CHRISTIAN LIFE SCHOOL FDN INC 10700 75TH ST KENOSHA, WI 53142-8331	392003070	501(C)(3)	6,667.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLUMBUS COUNCIL ON WORLD AFFAIRS 51 JEFFERSON AVENUE COLUMBUS, OH 43215	510180760	501(C)(3)	10,456.				GENERAL SUPPORT
(2) COLUMBUS MUSEUM OF ART 480 EAST BROAD STREET COLUMBUS, OH 43215	314379447	501(C)(3)	12,820.				GENERAL SUPPORT
(3) COLUMBUS SYMPHONY ORCHESTRA INC 55 EAST STATE STREET COLUMBUS, OH 43215	316402408	501(C)(3)	6,923.				GENERAL SUPPORT
(4) COMMUNITY CENTERS INC 61 EAST PUTNAM AVENUE GREENWICH, CT 06830	060703570	501(C)(3)	7,500.				GENERAL SUPPORT
(5) COMMUNITY SHELTER BOARD 111 LIBERTY ST, STE 150 COLUMBUS, OH 43215	311181284	501(C)(3)	10,219.				GENERAL SUPPORT
(6) CONNECTICUT HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 06111	060667605	501(C)(3)	5,812.				GENERAL SUPPORT
(7) COVENANT DAY SCHOOL 800 FULLWOOD LANE MATTHEWS, NC 28105	561656570	501(C)(3)	7,500.				GENERAL SUPPORT
(8) CRISTO REY JESUIT HIGH SCHOOL 420 S CHESTER ST BALTIMORE, MD 21231-2729	050632734	501(C)(3)	16,460.				GENERAL SUPPORT
(9) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE. BOSTON, MA 02215-5450	042263040	501(C)(3)	5,928.				GENERAL SUPPORT
(10) DAVIS PHINNEY FOUNDATION 4730 TABLE MESA DR BOULDER, CO 80305	200813566	501(C)(3)	5,750.				GENERAL SUPPORT
(11) DESIGN OUTREACH INC P.O. BOX 763 WINONA LAKE, IN 46590	460779062	501(C)(3)	15,546.				GENERAL SUPPORT
(12) DOCTORS WITHOUT BORDERS USA P.O. BOX 5030 HAGERSTOWN, MD 21741	133433452	501(C)(3)	24,658.				GENERAL SUPPORT

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(1) DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	420680460	501(C)(3)	6,150.				GENERAL SUPPORT
(2) EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	141338390	501(C)(3)	5,500.				GENERAL SUPPORT
(3) FAITH MISSION INC 500 W WILSON BRIDGE RD COLUMBUS, OH 43085	310809759	501(C)(3)	25,358.				GENERAL SUPPORT
(4) FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	411601449	501(C)(3)	20,196.				GENERAL SUPPORT
(5) FIRST COMMUNITY FOUNDATION INC 1320 CAMBRIDGE BLVD COLUMBUS, OH 43212-3207	316027662	501(C)(3)	15,000.				GENERAL SUPPORT
(6) FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE, STE 420	113158401	501(C)(3)	5,868.				GENERAL SUPPORT
(7) FISTULA FOUNDATION 1922 THE ALAMEDA #302	770547201	501(C)(3)	8,686.				GENERAL SUPPORT
(8) FLATIRONS COMMUNITY CHURCH 355 W. SOUTH BOULDER RD.	470857845	501(C)(3)	5,660.				GENERAL SUPPORT
(9) FLINT HILLS BREADBASKET 905 YUMA ST MANHATTAN, KS 66502	480952757	501(C)(3)	8,300.				GENERAL SUPPORT
(10) FOOD FOR LANE COUNTY 770 BAILEY HILL RD EUGENE, OR 97402	930888347	501(C)(3)	5,404.				GENERAL SUPPORT
(11) FOOD FOR THE POOR INC. 6401 LYONS RD COCONUT CREEK, FL 33073	592174510	501(C)(3)	11,614.				GENERAL SUPPORT
(12) FORT HILL CHRISTIAN YOUTH CAMP 13500 FORT HILL ROAD HILLSBORO, OH 45133	310804748	501(C)(3)	11,260.				GENERAL SUPPORT

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OMB No. 1545-0047

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(1) FRIENDS OF BELL SCHOOL 3730 N OAKLEY AVE CHICAGO, IL 60618	911889991	501(C)(3)	5,450.				GENERAL SUPPORT
(2) FULBRIGHT ASSOCIATION INC 666 11TH STREET, NW, SUITE 525	521821935	501(C)(3)	5,880.				GENERAL SUPPORT
(3) GODMAN GUILD ASSOCIATION 303 E 6TH AVE COLUMBUS, OH 43201	314379478	501(C)(3)	5,690.				GENERAL SUPPORT
(4) GOODCITY 5049 W HARRISON CHICAGO, IL 60644	363467921	501(C)(3)	41,841.				GENERAL SUPPORT
(5) HABITAT FOR HUMANITY-GTR COLUMBUS 3140 WESTERVILLE RD COLUMBUS, OH 43224	311217994	501(C)(3)	7,233.				GENERAL SUPPORT
(6) HABITAT FOR HUMANITY - TWIN CITIES 1954 UNIVERSITY AVE W ST PAUL, MN 55104	363363171	501(C)(3)	5,809.				GENERAL SUPPORT
(7) HABITAT FOR HUMANITY INTL INC PO BOX 1584 GASTONIA, NC 28053-1584	561634454	501(C)(3)	9,192.				GENERAL SUPPORT
(8) HABITAT FOR HUMANITY -LOUISVILLE 1620 BANK STREET LOUISVILLE, KY 40203	611242075	501(C)(3)	13,000.				GENERAL SUPPORT
(9) HACKLEY SCHOOL 293 BENEDICT AVE TARRYTOWN, NY 10591	131740452	501(C)(3)	7,500.				GENERAL SUPPORT
(10) HARDIN VALLEY ACADEMY ATHLETIC PO BOX 53406 KNOXVILLE, TN 37950	510670175	501(C)(3)	9,115.				GENERAL SUPPORT
(11) HARVESTERS 215 SE QUINCY TOPEKA, KS 66603	431208665	501(C)(3)	39,519.				GENERAL SUPPORT
(12) HEIFER INTERNATIONAL PO BOX 8058 LITTLE ROCK, AR 72203	351019477	501(C)(3)	8,273.				GENERAL SUPPORT

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Department of the Treasury
Internal Revenue Service

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(1) HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	351019477	501(C)(3)	7,253.				GENERAL SUPPORT
(2) HELPING HANDS HUMANE SOCIETY 5720 SW 21ST ST TOPEKA, KS 66604	480597124	501(C)(3)	23,280.				GENERAL SUPPORT
(3) HELPING HANDS HUMANE SOCIETY INC 5720 SW 21ST ST TOPEKA, KS 66604	480597124	501(C)(3)	13,668.				GENERAL SUPPORT
(4) HILL HOUSE, INC. 10 RIVERSIDE AVE. RIVERSIDE, CT 06878	060989007	501(C)(3)	10,000.				GENERAL SUPPORT
(5) HILLIARD BASEBALL ASSOCIATION INC P.O. BOX 202 HILLIARD, OH 43026	311022221	501(C)(3)	11,000.				GENERAL SUPPORT
(6) HOMELESS FAMILIES FDN OF COLUMBUS 33 N. GRUBB ST COLUMBUS, OH 43215	311179492	501(C)(3)	6,601.				GENERAL SUPPORT
(7) HOPE ON THE SLOPES 1313 BROADWAY TACOMA, WA 98402	453908130	501(C)(3)	7,128.				GENERAL SUPPORT
(8) HORIZON COMMUNITY ENGAGEMENT CORP 34 GLENCOE RD COLUMBUS, OH 43214-3710	263052918	501(C)(3)	30,000.				GENERAL SUPPORT
(9) HUMANE SOCIETY - CAPITAL AREA 3015 SCIOTO-DARBY EXECUTIVE CT	314379492	501(C)(3)	8,021.				GENERAL SUPPORT
(10) INJURED MARINE SEMPER FI FUND BOX 555193 CAMP PENDLETON, CA 92055	260086305	501(C)(3)	9,673.				GENERAL SUPPORT
(11) INSPIRICA 141 FRANKLIN ST STAMFORD, CT 06901	061172535	501(C)(3)	8,125.				GENERAL SUPPORT
(12) INSTITUTE OF INTL EDUCATION (WEST COAST OFF 530 BUSH STREET SUITE 1000	131624046	501(C)(3)	10,095.				GENERAL SUPPORT

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(1) JAMES CANCER HOSPITAL FOUNDATION 300 WEST 10TH AVENUE COLUMBUS, OH 43210	311301428	501(C)(3)	8,695.				GENERAL SUPPORT
(2) JUNIOR ACHIEVEMENT OF KANSAS 3735 SW WANAMAKER ROAD TOPEKA, KS 66610	480731855	501(C)(3)	22,732.				GENERAL SUPPORT
(3) JUNIOR ACHIEVEMENT-NO CALIFORNIA 3003 OAK ROAD, SUITE 109	941322179	501(C)(3)	7,280.				GENERAL SUPPORT
(4) KANSAS CHILDREN'S SERVICE LEAGUE 215 W 6TH EMPORIA, KS 66801	480543749	501(C)(3)	5,852.				GENERAL SUPPORT
(5) KANSAS FOOD BANK 1919 EAST DOUGLAS AVE WICHITA, KS 67211	480959213	501(C)(3)	17,125.				GENERAL SUPPORT
(6) KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	480959213	501(C)(3)	9,360.				GENERAL SUPPORT
(7) KANSAS HUMANE SOCIETY-WICHITA INC 3313 N HILLSIDE ST WICHITA, KS 67220	480554339	501(C)(3)	25,007.				GENERAL SUPPORT
(8) KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVE, STE 500	480667209	501(C)(3)	13,680.				GENERAL SUPPORT
(9) LAFAYETTE COLLEGE 307 MARKLE HALL EASTON, PA 18042	240795686	501(C)(3)	6,000.				GENERAL SUPPORT
(10) LEADERSHIP EDUCATION ASIAN PACIFIC 327 E. 2ND ST STE 226 LOS ANGELES, CA 90012	953879677	501(C)(3)	7,500.				GENERAL SUPPORT
(11) LEESBURG FOOTBALL CLUB 22788 PORTICO PLACE ASHBURN, VA 20148	462120842	501(C)(3)	5,020.				GENERAL SUPPORT
(12) LEUKEMIA & LYMPHOMA SOCIETY - GREATER SAN F 221 MAIN STREET SAN FRANCISCO, CA 94105	135644916	501(C)(3)	23,651.				GENERAL SUPPORT

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(1) LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	314379494	501(C)(3)	5,968.				GENERAL SUPPORT
(2) LIFETIME ASSISTANCE FOUNDATION INC 425 PAUL RD ROCHESTER, NY 14624	133754497	501(C)(3)	5,120.				GENERAL SUPPORT
(3) LINCOLN CTR FOR THE PERFORMING ARTS 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023	131847137	501(C)(3)	10,000.				GENERAL SUPPORT
(4) LOS ALTOS EDUCATIONAL FOUNDATION PO BOX 98 LOS ALTOS, CA 94023-0098	942862793	501(C)(3)	8,410.				GENERAL SUPPORT
(5) LUMEN CHRISTI CATHOLIC SCHOOL 580 E STEVENS ST INDIANAPOLIS, IN 46203	562289793	501(C)(3)	6,000.				GENERAL SUPPORT
(6) LUTHERAN SOCIAL SERVICES-CENTRAL OH 500 W. WILSON BRIDGE RD. STE. 245	314412586	501(C)(3)	23,628.				GENERAL SUPPORT
(7) MEALS ON WHEELS / SHAWNEE-JEFFERSON 2701 SW EAST CIRCLE DR S TOPEKA, KS 66606	480792685	501(C)(3)	22,293.				GENERAL SUPPORT
(8) MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVE NEW YORK, NY 10065	131924236	501(C)(3)	6,723.				GENERAL SUPPORT
(9) METROPOLITAN GOLF ASSOC. FDN 49 KNOLLWOOD RD ELMSFORD, NY 10523-2813	133637689	501(C)(3)	5,040.				GENERAL SUPPORT
(10) MIDLAND CARE CONNECTION 200 SW FRAZIER CIRCLE TOPEKA, KS 66606	480883888	501(C)(3)	20,292.				GENERAL SUPPORT
(11) MIDLAND CARE CONNECTION INC 200 SW FRAZIER CIR TOPEKA, KS 66606-2800	480883888	501(C)(3)	9,443.				GENERAL SUPPORT
(12) MID-OHIO FOOD BANK 3960 BROOKHAVEN DRIVE GROVE CITY, OH 43123	310865343	501(C)(3)	39,653.				GENERAL SUPPORT

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(1) MID-OHIO FOODBANK 3960 BROOKHAVEN DRIVE GROVE CITY, OH 43123	310865343	501(C)(3)	31,798.				GENERAL SUPPORT
(2) MID-WESTERN CHILDRENS HOME 4585 LONG SPURLING ROAD	310722339	501(C)(3)	10,000.				GENERAL SUPPORT
(3) MILITARY OFFICERS ASSOC. OF AMERICA 201 NORTH WASHINGTON STREET	541659039	501(C)(3)	19,200.				GENERAL SUPPORT
(4) NATIONAL MS SOCIETY LONE STAR 8111 N. STADIUM DR., STE. 100	741266225	501(C)(3)	6,808.				GENERAL SUPPORT
(5) NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 845945 BOSTON, MA 02284-5945	042178884	501(C)(3)	6,178.				GENERAL SUPPORT
(6) NATIONWIDE CHILDRENS HOSPITAL FDN 700 CHILDRENS DR COLUMBUS, OH 43205	311036370	501(C)(3)	10,067.				GENERAL SUPPORT
(7) NATURE CONSERVANCY 4245 N. FAIRFAX DR, STE 100	530242652	501(C)(3)	10,570.				GENERAL SUPPORT
(8) NORTH COBB CHRISTIAN SCHOOL INC 4500 LAKEVIEW DRIVE KENNESAW, GA 30144	581519089	501(C)(3)	10,000.				GENERAL SUPPORT
(9) NORTHPOINT COMMUNITY CHURCH 4350 NORTHPOINT PARKWAY	582203569	501(C)(3)	5,465.				GENERAL SUPPORT
(10) OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221	311145986	501(C)(3)	98,063.				GENERAL SUPPORT
(11) OLD CAPITOL FOUNDATION 311 BANKER BLVD VANDALIA, IL 62471-1941	371400797	501(C)(3)	20,000.				GENERAL SUPPORT
(12) OPEN DOOR MISSION-OMAHA PO BOX 8340 OMAHA, NE 68108-0340	470411375	501(C)(3)	7,335.				GENERAL SUPPORT

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Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PALMER DRUG ABUSE PROGRAM PO BOX 782155 SAN ANTONIO, TX 78278	742216041	501(C)(3)	6,750.				GENERAL SUPPORT
(2) PAUL TAYLOR DANCE COMPANY FDN 551 GRAND ST NEW YORK, NY 10002	132665475	501(C)(3)	6,050.				GENERAL SUPPORT
(3) PITNEY BOWES RELIEF FUND 1 ELMCROFT RD MSC 62-08 STAMFORD, CT 06926	273398652	501(C)(3)	75,492.				GENERAL SUPPORT
(4) PROJECT TOPEKA 1315 SW ARROWHEAD ROAD	300596254	501(C)(3)	6,920.				GENERAL SUPPORT
(5) PROJECT TOPEKA FOOD DRIVE 1315 SW ARROWHEAD DR. TOPEKA, KS 66604	300596254	501(C)(3)	17,017.				GENERAL SUPPORT
(6) REGENTS OF THE UNIVERSITY OF MI 3003 SOUTH STATE ST STE 800	386006309	501(C)(3)	9,392.				GENERAL SUPPORT
(7) RONALD MCDONALD HOUSE-WICHITA 1110 NORTH EMPORIA STREET WICHITA, KS 67214	480918101	501(C)(3)	8,082.				GENERAL SUPPORT
(8) RONALD MCDONALD HOUSE OF WICHITA 1110 N EMPORIA WICHITA, KS 67214	480918101	501(C)(3)	16,970.				GENERAL SUPPORT
(9) ROUNABOUT THEATRE COMPANY, INC. 231 W 39TH ST STE 1200 NEW YORK, NY 10018	136192346	501(C)(3)	10,000.				GENERAL SUPPORT
(10) SAINT JOHN THE BAPTIST SCHOOL 500 S 18TH ST PLATTSMOUTH, NE 68048-2001	052830531	501(C)(3)	5,600.				GENERAL SUPPORT
(11) SALVATION ARMY - COLUMBUS 966 EAST MAIN STREET COLUMBUS, OH 43205	135562351	501(C)(3)	12,005.				GENERAL SUPPORT
(12) SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD #302 MILPITAS, CA 95035	776141976	501(C)(3)	24,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SECOND HARVEST FOOD BANK 4001 NORTH 1ST STREET SAN JOSE, CA 95134	942614101	501(C)(3)	46,028.				GENERAL SUPPORT
(2) SHADOART PRODUCTIONS INC 503 S FRONT ST COLUMBUS, OH 43215	311340461	501(C)(3)	10,575.				GENERAL SUPPORT
(3) SIERRA CLUB FOUNDATION 85 2ND ST STE 750 SAN FRANCISCO, CA 94105	946069890	501(C)(3)	5,202.				GENERAL SUPPORT
(4) SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010	133661416	501(C)(3)	6,375.				GENERAL SUPPORT
(5) SMOKY ROW BRETHERN CHURCH 7260 SMOKY ROW ROAD COLUMBUS, OH 43235	310992807	501(C)(3)	28,500.				GENERAL SUPPORT
(6) ST GABRIEL RADIO INC. 4673 WINTerset DR COLUMBUS, OH 43220	300220140	501(C)(3)	6,438.				GENERAL SUPPORT
(7) ST JUDE CHILDREN'S RESEARCH 501 ST. JUDE PLACE MEMPHIS, TN 38105	620646012	501(C)(3)	46,493.				GENERAL SUPPORT
(8) ST. PATRICKS CATHOLIC ELEMENTARY PO BOX 10 ELKHORN, NE 68022	470379377	501(C)(3)	7,833.				GENERAL SUPPORT
(9) STAMFORD SYMPHONY ORCHESTRA INC 263 TRESSER BLVD STAMFORD, CT 06901	066100039	501(C)(3)	9,375.				GENERAL SUPPORT
(10) SUSAN G. KOMEN - COLUMBUS 929 EASTWIND DR, STE 211	752844651	501(C)(3)	9,657.				GENERAL SUPPORT
(11) SYRACUSE UNIVERSITY 820 COMSTOCK AVE STE 214	150532081	501(C)(3)	15,600.				GENERAL SUPPORT
(12) TARC INC 2701 SW RANDOLPH AVENUE TOPEKA, KS 66611	486086732	501(C)(3)	38,256.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TELANGANA DEVELOPEMENT FORUM USA 9 LEVAN CT BRIDGEWATER, NJ 08807-5772	223674333	501(C)(3)	9,975.				GENERAL SUPPORT
(2) TELUGU ASSOC. OF NORTH AMERICA INC 513 BOULDER DR SOUTHLAKE, TX 76092	363060732	501(C)(3)	8,000.				GENERAL SUPPORT
(3) TULANE EDUCATIONAL FUND P O BOX 61075 NEW ORLEANS, LA 70161	720423889	501(C)(3)	7,000.				GENERAL SUPPORT
(4) TOPEKA RESCUE MISSION 600 N KANSAS TOPEKA, KS 66608	480688068	501(C)(3)	96,090.				GENERAL SUPPORT
(5) TRINITY CATHOLIC HIGH SCHOOL 926 NEWFIELD AVE STAMFORD, CT 06905	061560972	501(C)(3)	10,050.				GENERAL SUPPORT
(6) TRUSTEES OF TUFTS COLLEGE 80 GEORGE ST, STE 200 MEDFORD, MA 02155	042103634	501(C)(3)	15,100.				GENERAL SUPPORT
(7) U.S. FUND FOR UNICEF 125 MAIDEN LN 10TH FL NEW YORK, NY 10038	131760110	501(C)(3)	8,629.				GENERAL SUPPORT
(8) UNION RESCUE MISSION INC 2800 N. HILLSIDE STREET WICHITA, KS 67219	480625837	501(C)(3)	6,272.				GENERAL SUPPORT
(9) UNITED JEWISH APPEAL FED 130 EAST 59TH STREET NEW YORK, NY 10022	510172429	501(C)(3)	7,200.				GENERAL SUPPORT
(10) UNITED WAY OF CENTRAL OHIO 360 S 3RD ST COLUMBUS, OH 43215	314393712	501(C)(3)	42,454.				GENERAL SUPPORT
(11) UNITED WAY OF CENTRAL OHIO INC P O BOX 951571 CLEVELAND, OH 44193	314393712	501(C)(3)	21,441.				GENERAL SUPPORT
(12) UW OF COASTAL FAIRFIELD COUNTY 855 MAIN STREET, 10TH FLOOR	060864341	501(C)(3)	7,453.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF DOUGLAS COUNTY 2518 RIDGE COURT, SUITE 200	480796320	501(C)(3)	15,302.				GENERAL SUPPORT
(2) UNITED WAY OF DOUGLAS COUNTY INC 2518 RIDGE COURT LAWRENCE, KS 66046	480796320	501(C)(3)	8,692.				GENERAL SUPPORT
(3) UNITED WAY OF GREATER TOPEKA PO BOX 4188 TOPEKA, KS 66604-0188	480561978	501(C)(3)	64,580.				GENERAL SUPPORT
(4) UNITED WAY OF GREATER TOPEKA INC 1315 SW ARROWHEAD ROAD TOPEKA, KS 66604	480561978	501(C)(3)	34,739.				GENERAL SUPPORT
(5) UW OF IDAHO FALLS & BONNEVILLE 151 N RIDGE AVE # 180 IDAHO FALLS, ID 83402	820233588	501(C)(3)	10,020.				GENERAL SUPPORT
(6) UNITED WAY OF JOHNSON COUNTY PO BOX 153 FRANKLIN, IN 46131-0153	351082600	501(C)(3)	11,166.				GENERAL SUPPORT
(7) UNITED WAY OF LEAVENWORTH COUNTY PO BOX 21 LEAVENWORTH, KS 66048-0021	480622408	501(C)(3)	5,414.				GENERAL SUPPORT
(8) UNITED WAY OF RENO COUNTY INC PO BOX 2230 HUTCHINSON, KS 67504-2230	480833061	501(C)(3)	5,448.				GENERAL SUPPORT
(9) UNITED WAY OF SOUTH HAMPTON ROADS PO BOX 41069 NORFOLK, VA 23541-1069	540506322	501(C)(3)	12,500.				GENERAL SUPPORT
(10) UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVE, STE 300	610444679	501(C)(3)	7,743.				GENERAL SUPPORT
(11) UNITED WAY OF THE PLAINS 245 NORTH WATER STREET	480547688	501(C)(3)	74,933.				GENERAL SUPPORT
(12) UW OF WESTERN CONNECTICUT(STAMFORD) 85 WEST STREET DANBURY, CT 06810	060879004	501(C)(3)	15,214.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIENNA PRESBYTERIAN CHURCH 124 PARK STREET NE VIENNA, VA 22180	546025443	501(C)(3)	10,561.				GENERAL SUPPORT
(2) WESTPORT COUNTRY PLAYHOUSE 25 POWERS CT WESTPORT, CT 06880	237357943	501(C)(3)	8,500.				GENERAL SUPPORT
(3) WOLF TRAP FOUNDATION 1645 TRAP RD VIENNA, VA 22182	237011544	501(C)(3)	16,100.				GENERAL SUPPORT
(4) WORLD VISION 34834 WEYERHAEUSER WAY S	951922279	501(C)(3)	5,667.				GENERAL SUPPORT
(5) WORLD VISION INTERNATIONAL PO BOX 9716 FEDERAL WAY, WA 98063-9716	951922279	501(C)(3)	29,459.				GENERAL SUPPORT
(6) WORTHINGTON CHRISTIAN SCHOOLS INC. 6675 WORTHINGTON GALENA ROADD	271698164	501(C)(3)	5,220.				GENERAL SUPPORT
(7) WOUNDED WARRIOR PROJECT 4899 BELFORT RD. STE. 300	202370934	501(C)(3)	20,661.				GENERAL SUPPORT
(8) WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD JACKSONVILLE, FL 32256	202370934	501(C)(3)	9,226.				GENERAL SUPPORT
(9) WYCLIFFE BIBLE TRANSLATORS P.O. BOX 628200 ORLANDO, FL 32862	951831097	501(C)(3)	7,731.				GENERAL SUPPORT
(10) XENOS CHRISTIAN FELLOWSHIP, INC 1340 COMMUNITY PARK DR COLUMBUS, OH 43229	310996318	501(C)(3)	6,300.				GENERAL SUPPORT
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 287.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

THE ORGANIZATION USES A COMBINATION OF AN ANNUAL RECERTIFICATION PROCESS AND THIRD PARTY VENDORS TO ENSURE COMPLIANCE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Compensation Information

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

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

52-1273585

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RENEE ACOSTA FORMER PRESIDENT (SEE SCH O)	(i) 108,333.	0	0	0	0	108,333.	0
	(ii)	0	0	0	0	0	0	0
2	SCOTT JACKSON PRESIDENT AND CEO	(i) 321,943.	50,000.	15,600.	26,000.	19,842.	433,385.	0
	(ii)	0	0	0	0	0	0	0
3	STANLEY BERMAN FORMER CHIEF FINANCIAL OFFICER	(i) 207,024.	2,500.	19,160.	21,068.	16,120.	265,872.	0
	(ii)	0	0	0	0	0	0	0
4	ANN CANELA VP, PARTNER SOLUTIONS	(i) 136,089.	16,122.	15,565.	16,768.	6,084.	190,628.	0
	(ii)	0	0	0	0	0	0	0
5	JOSEPH METTIMANO VP FOR MARKETING&CAMPAIGN MGMT	(i) 141,010.	16,056.	7,682.	16,766.	18,470.	199,984.	0
	(ii)	0	0	0	0	0	0	0
6	VICTORIA ADAMS EXEC DIR, CFC-OVERSEAS	(i) 112,985.	10,000.	12,033.	13,493.	6,166.	154,677.	0
	(ii)	0	0	0	0	0	0	0
7	CHRISTINE SOW EXEC DIR, GLOBAL HEALTH COUNCI	(i) 153,500.	0	0	11,711.	0	165,211.	0
	(ii)	0	0	0	0	0	0	0
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2014

**Open to Public
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Employer identification number

52-1273585

FORM 990, PART III, LINE 1 - MISSION:

(CONTINUED)

GLOBAL IMPACT IS A LEADER IN GROWING GLOBAL PHILANTHROPY. THE ORGANIZATION BUILDS PARTNERSHIPS AND RAISES RESOURCES THAT HELP THE WORLD'S MOST VULNERABLE PEOPLE BY PROVIDING INTEGRATED, PARTNER-SPECIFIC ADVISORY AND SECRETARIAT SERVICES; CAMPAIGN DESIGN, MARKETING AND IMPLEMENTATION FOR WORKPLACE AND SIGNATURE FUNDRAISING CAMPAIGNS; AND FISCAL AGENCY, TECHNOLOGY SERVICES AND INTEGRATED GIVING PLATFORMS. GLOBAL IMPACT WORKS WITH APPROXIMATELY 450 PUBLIC AND PRIVATE SECTOR WORKPLACE GIVING CAMPAIGNS TO GENERATE FUNDING FOR AN ALLIANCE OF 128 INTERNATIONAL CHARITIES, INCLUDING CARE, DOCTORS WITHOUT BORDERS, HEIFER INTERNATIONAL, SAVE THE CHILDREN, THE U.S. FUND FOR UNICEF AND WORLD VISION. THROUGH THESE PARTNERSHIPS, GLOBAL IMPACT MEETS REAL NEEDS WITH REAL RESULTS BY SUPPORTING PROGRAMS FOCUSED ON CLEAN WATER, DISASTER RELIEF AND RESILIENCY, ECONOMIC DEVELOPMENT, EDUCATION, ENVIRONMENTAL SUSTAINABILITY, GLOBAL HEALTH AND CHILD SURVIVAL, HUMAN TRAFFICKING, HUNGER, AND WOMEN AND GIRLS. GLOBAL IMPACT EQUIPS PRIVATE SECTOR AND NONPROFIT SECTOR ORGANIZATIONS TO ACHIEVE THEIR PHILANTHROPIC GOALS BY PROVIDING REVENUE DIVERSIFICATION STRATEGIES, EMPLOYEE ENGAGEMENT PROGRAMS, CSR STRATEGIES, AND CUSTOM PHILANTHROPIC FUNDS. GLOBAL IMPACT SERVES AS THE SECRETARIAT OF GLOBAL HEALTH COUNCIL, THE HILTON PRIZE COALITION, UNIVERSE OF BLESSINGS AND THE RESTORE THE EARTH FOUNDATION. THE ORGANIZATION ALSO SERVES AS ADMINISTRATOR FOR ONE OF THE WORLD'S LARGEST WORKPLACE GIVING CAMPAIGNS,

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THE COMBINED FEDERAL CAMPAIGN-OVERSEAS.

SINCE 1956, GLOBAL IMPACT HAS GENERATED MORE THAN \$1.7 BILLION TO HELP THE WORLD'S MOST VULNERABLE PEOPLE. LEARN MORE AT CHARITY.ORG.

FORM 990, PART III, LINE 4A - CAMPAIGN SOLUTIONS:

GLOBAL IMPACT CREATES AND IMPLEMENTS A FULL SUITE OF WORKPLACE FUNDRAISING CAMPAIGN SOLUTIONS THAT INCLUDES CAMPAIGN DESIGN, THE OVERALL AND ONGOING MANAGEMENT OF A CAMPAIGN, AND ONGOING REPRESENTATION WITH EMPLOYEES, DONORS AND INSTITUTIONS. DURING THIS YEAR, GLOBAL IMPACT ADMINISTERED THE COMBINED FEDERAL CAMPAIGN-OVERSEAS, WHICH RAISED OVER \$8 MILLION IN GROSS PLEDGES. AS A FUNDRAISING INTERMEDIARY FOR MORE THAN 60 YEARS, ON BEHALF OF ITS ALLIANCE OF 128 INTERNATIONALLY-FOCUSED CHARITIES, GLOBAL IMPACT ENGAGED NEARLY 450 PUBLIC AND PRIVATE-SECTOR WORKPLACE GIVING CAMPAIGNS, WHICH COLLECTIVELY RAISED NEARLY \$25 MILLION IN GROSS PLEDGES. GLOBAL IMPACT ALSO PROVIDES IMPACT FUNDS, WHICH CURRENTLY ARE BUILT AROUND NINE THEMATIC AREAS: DISASTER RELIEF, ECONOMIC DEVELOPMENT, EDUCATION, CLEAN WATER, GLOBAL HEALTH AND CHILD SURVIVAL, HUMAN TRAFFICKING, HUNGER, MALARIA, WOMEN AND GIRLS AND THE SYRIAN REFUGEE FUND. THESE FUNDS ARE DESIGNED FOR THE DONOR WHO IS CONCERNED ABOUT A PARTICULAR ISSUE, AND CAN BE PROVIDED AS A GIVING OPTION WITHIN AN EXISTING WORKPLACE GIVING CAMPAIGN OR CAN BE TAILORED TO THE SPECIFIC PHILANTHROPIC NEEDS OF A CORPORATION OR PRIVATE OR COMMUNITY FOUNDATION. BY LEVERAGING A BROAD AND LONG-STANDING NETWORK OF MEDIA ALLIANCES, GLOBAL IMPACT PROVIDE CHARITIES MEANS OF PARTICIPATING IN PRINT AND ELECTRONIC COOP ADVERTISING CAMPAIGNS. FOR NEARLY 10 YEARS GLOBAL IMPACT HAS SERVED AS FIDUCIARY FOR DONOR ADVISED FUNDS ON BEHALF OF CORPORATE

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FOUNDATIONS AND FOR TEMPORARILY RESTRICTED CHARITABLE FUNDS CREATED FOR CORPORATIONS. THROUGH THESE EFFORTS, NEARLY \$6 MILLION WAS RAISED AND DISTRIBUTED TO CHARITIES DURING THE YEAR.

THROUGH ITS WORK TO ANNUALLY RECERTIFY THE 128 MEMBERS OF ITS CHARITY ALLIANCE, GLOBAL IMPACT USES ITS EXTENSIVE EXPERIENCE TO VET AND CERTIFY BOTH DOMESTIC AND INTERNATIONAL CHARITABLE ORGANIZATIONS. USING ITS PROPRIETARY MODEL, GLOBAL IMPACT HAS BUILT A SUCCESSFUL CHARITY VETTING, CERTIFICATION AND STATE REGISTRATION PRACTICE AREA THAT INCORPORATES IRS REQUIREMENTS, FINANCIAL ANALYSIS AND MONITORING.

FORM 990, PART III, LINE 4B - PARTNER SOLUTIONS:

BUILDING ON ITS 60 YEARS OF EXPERIENCE IN WORKPLACE FUNDRAISING, GLOBAL IMPACT PROVIDES COUNSEL TO CORPORATIONS ON THE FULL SCOPE OF STRATEGY DEVELOPMENT AROUND GLOBAL PHILANTHROPY AND CORPORATE SOCIAL RESPONSIBILITY (CSR), TO INCLUDE THE DEVELOPMENT OF ISSUES-ORIENTED GIVING FUNDS AND MATCHING GIFT PROGRAMS, DEVELOPING CSR MARKETING, VISIBILITY AND REPORTING STRATEGIES AND CSR BENCHMARKING. IT HELPS CORPORATIONS PARTNER WITH LIKE-MINDED ORGANIZATIONS AND TO IMPROVE THEIR EMPLOYEE ENGAGEMENTS STRATEGIES. ADDITIONALLY, WORKING WITH CHARITIES AND OTHER NGOS, GLOBAL IMPACT ASSISTS IN STRATEGIC PLANNING AND ORGANIZATIONAL DEVELOPMENT WITH A FOCUS IDENTIFYING REVENUE SOURCES AND STRATEGIES, DEVELOPING BOARD AND DONOR ENGAGEMENT AND TRAINING AND BENCHMARKING FUNDRAISING PROGRAMS. AS NEEDED, GLOBAL IMPACT PROVIDES SECRETARIAT LEVEL SUPPORT TO CHARITIES AND PROGRAMS, TO INCLUDE AIDING EXISTING BOARDS OR PROGRAM MANAGERS WITH STRATEGIC PLANNING AND ORGANIZATIONAL DEVELOPMENT SERVICES, DEVELOPING AND IMPLEMENTING

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MEMBERSHIP AND FUNDRAISING PROGRAMS AND PROVIDING ADMINISTRATIVE SUPPORT.

GLOBAL IMPACT AUGMENTS, LEVERAGES OR CREATES STAND-ALONE PRIVATE LABEL PLATFORM THAT CAN BE EASILY LAUNCHED WITH MINIMAL SETUP AND A SEAMLESS USER EXPERIENCE TO MEET PHILANTHROPIC NEEDS.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS. THE RETURN IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM, BDO USA, AND IS REVIEWED BY THE ORGANIZATION'S MANAGING DIRECTOR, FINANCE. FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE PRIOR TO A BOARD MEETING. THE FORM IS PRESENTED TO THE BOARD BY THE AUDIT COMMITTEE CHAIR OR THE MANAGING DIRECTOR, FINANCE.

EACH BOARD MEMBER THEN RECEIVES BY EMAIL AN ELECTRONIC VERSION OF THE FORM, SO THAT EACH CAN REVIEW IT AND RAISE QUESTIONS BEFORE THE FORM IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

A YEARLY SIGNING OF CONFLICT OF INTEREST IS DONE BY ALL MEMBERS OF THE BOARD AND STAFF.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD'S EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE AND MAKES THE DECISION ON EXECUTIVE COMPENSATION. THE COMMITTEE CONDUCTS A COMPENSATION REVIEW AND PRESENTS COMPARABLE SALARIES FOR EACH POSITION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization GLOBAL IMPACT	Employer identification number 52-1273585
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POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ADDITIONALLY, THE FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE.

FORM 990, PART VII - COMPENSATION:

RENEE ACOSTA RECEIVED COMPENSATION AS A CONSULTANT FOR THE PERIOD JANUARY 1, 2014 TO APRIL 30, 2014. THIS AMOUNT IS REPORTED UNDER PART VII, SECTION A AS COMPENSATION TO A FORMER OFFICER AND IN PART VII, SECTION B AS ONE OF THE TOP FIVE INDEPENDENT CONTRACTORS. THE AMOUNT IS THEREFOR REPORTED TWICE ON THE 2014 FORM 990.

FORM 990, PART XII, LINE 2C - OVERSIGHT OF AUDIT:

THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
DC, FL, GA, HI, IL, IN, KS, KY, ME, MD, MI,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, TX, UT, VT, VA, WA, WV, WI,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SCHANER & LUBITZ, PLLC 6931 ARLINGTON ROAD BETHESDA, MD 20814	LEGAL	180,000.
RACKSPACE MANAGED HOSTING	INTERNET HOSTING	106,009.

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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
P.O. BOX 730759 DALLAS, TX 75373		
RENEE ACOSTA 12 GLENEAGLE CIRCLE NAPA, CA 94558	CONSULTING	108,333.
BDO US, LLP 7101 WISCONSIN AVE, SUITE 800 BETHESDA, MD 20814	AUDIT	100,575.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1 contains data for CAMPAIGN ACCELERATOR, INC.

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

Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II, LINE (1):

COLUMN (B)

PRIMARY ACTIVITY

FACILITATE WORKING RELATIONSHIPS BETWEEN THE MILITARY, PRIVATE SECTOR AND
NON-GOVERNMENTAL ORGANIZATION COMMUNITY

COLUMN (F)

DIRECT CONTROLLING ENTITY

GLOBAL IMPACT