

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GLOBAL IMPACT Doing Business As			D Employer identification number 52-1273585		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1199 NORTH FAIRFAX ST, SUITE 300		E Telephone number (703) 717-5200			
	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314			G Gross receipts \$ <u>39,522,904.</u>		
	F Name and address of principal officer: SCOTT JACKSON 1199 NORTH FAIRFAX ST, #300 ALEXANDRIA, VA 22314			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)		
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GLOBAL IMPACT BUILDS PARTNERSHIPS AND RESOURCES FOR THE WORLD'S MOST VULNERABLE PEOPLE.			
	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 2015 (Part V, line 2a)	5	79.
	6	Total number of volunteers (estimate if necessary)	6	18.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	58,883.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	43,300,109.	36,831,703.
	9	Program service revenue (Part VIII, line 2g)	2,145,376.	2,630,245.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,769.	24,663.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,516,254.	39,486,611.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,406,476.	30,751,857.
	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)	6,212,916.	6,190,790.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 628,684.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,809,962.	4,061,508.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,429,354.	41,004,155.
19	Revenue less expenses. Subtract line 18 from line 12	86,900.	-1,517,544.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	25,760,932.	23,891,112.
	21	Total liabilities (Part X, line 26)	19,904,237.	19,555,776.
22	Net assets or fund balances. Subtract line 21 from line 20	5,856,695.	4,335,336.	

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 02/17/2017
	Type or print name and title PRESIDENT AND CEO	

Paid Preparer Use Only	Print/Type preparer's name JOYCE UNDERWOOD	Preparer's signature 	Date 02/16/2017	Check <input type="checkbox"/> if self-employed	PTIN P00022361	
	Firm's name ▶ BDO USA, LLP			Firm's EIN ▶ 13-5381590		
	Firm's address ▶ 8401 GREENSBORO DRIVE, SUITE 800 MCLEAN, VA 22102			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** (2015)

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 [X] 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 [X] 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 \$ 30,448,197. including grants of \$ 26,768,755.) (Revenue \$ 418,869.) CAMPAIGN SOLUTIONS. (SEE SCHEDULE O FOR CONTINUATION.)

4b (Code:) (Expenses \$ 6,215,942. including grants of \$ 3,983,102.) (Revenue \$ 2,152,493.) 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 36,664,139.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II.	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? If "Yes," complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.		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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		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? If "Yes," complete Schedule F, Parts I and IV.	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? If "Yes," complete Schedule F, Parts II and IV.	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? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT JACKSON PRESIDENT & CEO	40.00 0.	X	X				375,251.	0.	38,357.	
(2) STEVE POLO BOARD CHAIRMAN	2.00 0.	X	X				0.	0.	0.	
(3) NANCY KELLY BOARD VICE CHAIRMAN	2.00 0.	X	X				0.	0.	0.	
(4) JAMES KANUCH, CPA BOARD SECRETARY/TREASURER	2.00 0.	X	X				0.	0.	0.	
(5) TIMOTHY BLOECHL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(6) JOSEPH CRUPI BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(7) KENNETH SCHANER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(8) MOUHAMED DJALO BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(9) PETER GRANT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(10) STAN HARRELL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(11) KAREN JOHNSON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(12) MARYON DAVIES LEWIS 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) DAVID WU ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(16) EDWARD ZELLEM ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(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) CHRISTINE SOW ----- EXECUTIVE DIRECTOR, GHC	40.00 ----- 0.					X		179,436.	0.	0.
(21) ANN CANELA ----- VP, PARTNER SOLUTIONS	40.00 ----- 0.					X		173,964.	0.	13,656.
(22) JOSEPH METTIMANO ----- VP, MKTG & CAMPAIGN ENGAGEMENT	40.00 ----- 0.					X		172,928.	0.	22,983.
(23) STEPHANIE SCHOLZ ----- MANAGING DIRECTOR, HR & ADMIN	40.00 ----- 0.					X		145,531.	0.	23,609.
(24) MARK MILLIGAN ----- MANAGING DIRECTOR, FINANCE	40.00 ----- 0.					X		149,157.	0.	15,603.
1b Sub-total								375,251.	0.	38,357.
c Total from continuation sheets to Part VII, Section A								821,016.	0.	75,851.
d Total (add lines 1b and 1c)								1,196,267.	0.	114,208.

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 ► 10

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 ► 2

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	29,154,585.					
	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	7,677,118.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			36,831,703.				
Program Service Revenue	2a ADV SVCS/PR GR/REL REV	Business Code	900099	2,211,376.	2,152,493.	58,883.		
	b MEMBER STATE REGISTRATION		900099	283,069.	283,069.			
	c COOPERATIVE ADVERTISING		900099	135,800.	135,800.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			2,630,245.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			29,510.			29,510.	
	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	31,446.				
		b Less: cost or other basis and sales expenses		36,293.				
	c Gain or (loss)		-4,847.					
	d Net gain or (loss) ▶				-4,847.		-4,847.	
	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. ▶				39,486,611.	2,571,362.	58,883.	24,663.	

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	28,591,658.	28,591,658.		
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	2,160,199.	2,160,199.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	727,475.	518,653.	166,790.	42,032.
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	4,063,807.	2,647,392.	1,156,452.	259,963.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	394,732.	271,232.	103,259.	20,241.
9 Other employee benefits	643,239.	391,204.	201,012.	51,023.
10 Payroll taxes	361,537.	261,561.	84,972.	15,004.
11 Fees for services (non-employees):				
a Management	665,942.	408,362.	183,160.	74,420.
b Legal	169,369.		169,369.	
c Accounting	91,447.	24,750.	66,697.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	70,523.	70,523.		
12 Advertising and promotion	674,707.	590,379.	32,658.	51,670.
13 Office expenses	502,268.	297,182.	175,048.	30,038.
14 Information technology	199,775.	60,171.	139,604.	
15 Royalties	0.			
16 Occupancy	324,867.	197,789.	105,787.	21,291.
17 Travel	310,130.	157,967.	92,175.	59,988.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	28,316.	5,707.	19,595.	3,014.
20 Interest	9,410.	9,410.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	203,685.		203,685.	
23 Insurance	56,535.		56,535.	
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 <u>BAD DEBT EXPENSE</u>	754,534.		754,534.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	41,004,155.	36,664,139.	3,711,332.	628,684.
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.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	200.	1	200.
	2 Savings and temporary cash investments	3,531,543.	2	3,062,755.
	3 Pledges and grants receivable, net	19,306,907.	3	16,709,704.
	4 Accounts receivable, net	469,778.	4	504,053.
	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	106,031.	9	162,123.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,503,775.		
	b Less: accumulated depreciation	10b 1,538,125.	1,106,615.	10c 965,650.
	11 Investments - publicly traded securities	1,086,905.	11	1,108,393.
	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	152,953.	15	1,378,234.
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,760,932.	16	23,891,112.	
Liabilities	17 Accounts payable and accrued expenses	1,310,559.	17	1,163,773.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	895,330.	19	930,325.
	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	83,642.	23	1,164,574.
	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	17,614,706.	25	16,297,104.
	26 Total liabilities. Add lines 17 through 25	19,904,237.	26	19,555,776.
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	4,335,336.
	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	4,335,336.	
34 Total liabilities and net assets/fund balances	25,760,932.	34	23,891,112.	

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	39,486,611.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,004,155.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,517,544.
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	-3,815.
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	4,335,336.

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		

Form **990** (2015)

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

2015

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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 (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) 2015

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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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; 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 2015 (line 6, column (f) divided by line 11, column (f)) 99.42%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 99.96%; 16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <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 (<i>see instructions</i>).			
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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

2015

▶ **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

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 for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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	_____ _____ _____	\$ 6,881,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,490,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Name of organization GLOBAL 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

2015

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," on 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," on 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," on 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
---------------------------------------	--

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) 2015

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	41,004,155.													
e Total exempt purpose expenditures (add lines 1c and 1d)	41,004,155.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			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.
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) 2012	(b) 2013	(c) 2014	(d) 2015	(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); 2a Current year; 2b Carryover from last year; 2c Total; 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.

Blank lines for providing supplemental information as required by Part IV.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

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" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2015

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?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 on lines 2a, 2b, and 2c should equal 100%.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE TO/FROM OVERSEAS	206,039.
(2) DUE TO/FROM CFCNCA	1,079,896.
(3) DUE TO/FROM CFC NYC	59,058.
(4) DUE TO/FROM CFC CENTRAL VA	33,241.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,378,234.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAMPAIGN FUNDS PAYABLE-MEMBER	14,751,973.
(3) DONOR ADVISED FUNDS PAYABLE	197,330.
(4) OTHER DISTRIBUTIONS PAYABLE	1,347,801.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,297,104.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	14,889,052.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,815.	
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	-3,815.
3	Subtract line 2e from line 1		3	14,892,867.
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	24,593,744.	
c	Add lines 4a and 4b		4c	24,593,744.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	39,486,611.

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

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

1	Total expenses and losses per audited financial statements		1	16,410,411.
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	16,410,411.
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	24,593,744.	
c	Add lines 4a and 4b		4c	24,593,744.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	41,004,155.

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, 2016 AND 2015, 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 2013 FORWARD.

PART XI, LINE 4B:

OTHER AMOUNTS INCLUDED ON RETURN NOT IN FINANCIALS REVENUE:

GLOBAL IMPACT DISTRIBUTION TO MEMBER CHARITIES	18,910,100
CFC-O REVENUE NET OF SHRINKAGE	5,683,644
TOTAL	24,593,744

PART XII, LINE 4B:

OTHER AMOUNTS INCLUDED ON RETURN NOT IN FINANCIALS EXPENSES:

GLOBAL IMPACT DISTRIBUTION TO MEMBER CHARITIES	18,910,100
CFC-O DISTRIBUTION TO CHARITIES	4,218,552
CFC-O EXPENSES	1,465,092
TOTAL	24,593,744

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

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	44,418.
(2) EUROPE			GRANTMAKING	GRANTS	2,063,146.
(3) NORTH AMERICA			GRANTMAKING	GRANTS	15,000.
(4) SOUTH AMERICA			GRANTMAKING	GRANTS	14,635.
(5) SOUTH ASIA			GRANTMAKING	GRANTS	23,000.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					2,160,199.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,160,199.

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

Schedule F (Form 990) 2015

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	15,000.	CHECK & WIRE			
(2)			EAST ASIA/PACIFIC	GENERAL SUPP	20,000.	CHECK & WIRE			
(3)			EAST ASIA/PACIFIC	GENERAL SUPP	8,918.	CHECK & WIRE			
(4)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	6,650.	CHECK & WIRE			
(5)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	249,552.	CHECK & WIRE			
(6)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	253,243.	CHECK & WIRE			
(7)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	1,553,701.	CHECK & WIRE			
(8)			NORTH AMERICA	GENERAL SUPP	15,000.	CHECK & WIRE			
(9)			SOUTH AMERICA	GENERAL SUPP	14,635.	CHECK & WIRE			
(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. **6.**

3 Enter total number of other organizations or entities. **4.**

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.	500.	CHECK/WIRE			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 separately 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.

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 I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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

- 1 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
- 2 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" on 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) 360 YOUTH SVCS 1305 W. OSWEGO RD NAPERVILLE, IL 60540	36-2936229	501 (C) (3)	7,990.				GENERAL SUPPORT
(2) ACCION INTL 10 FAWCETT ST CAMBRIDGE, MA 02138	13-2535763	501 (C) (3)	7,489.				GENERAL SUPPORT
(3) AFRICAN MEDICAL 4 W. 43RD ST, 2ND FLR NEW YORK, NY 10036	13-1867411	501 (C) (3)	17,890.				GENERAL SUPPORT
(4) AFRICARE 440 R ST, N. W. WASHINGTON, DC 20001	23-7116952	501 (C) (3)	56,292.				GENERAL SUPPORT
(5) AID FOR AFRICA P.O. BOX 8734 TOPEKA, KS 66608	06-1703295	501 (C) (3)	31,900.				GENERAL SUPPORT
(6) ALCOA 201 ISABELLA ST PITTSBURGH, PA 15212	25-1128857	501 (C) (3)	291,251.				GENERAL SUPPORT
(7) ALSAC/ST. J CHILDREN'S RES HOSP 501 ST. JUDE'S PL MEMPHIS, TN 38105	35-1044585	501 (C) (3)	5,728.				GENERAL SUPPORT
(8) ALZHEIMER'S ASSOC CTR OHIO CHPT 1379 DUBLIN RD COLUMBUS, OH 43215	31-0996236	501 (C) (3)	8,004.				GENERAL SUPPORT
(9) AMERICAN DIABETES ASSOC INC 1701 N. BEAUREGARD ST ALEXANDRIA, VA 22311	13-1623888	501 (C) (3)	8,028.				GENERAL SUPPORT
(10) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501 (C) (3)	12,544.				GENERAL SUPPORT
(11) AMERICAN HIMALAYAN FOUNDATION 909 MONTGOMERY ST SAN FRANCISCO, CA 94133	94-2951480	501 (C) (3)	12,096.				GENERAL SUPPORT
(12) AMERICAN JEWISH WORLD SERVICE 45 W 36TH ST NEW YORK, NY 10018	22-2584370	501 (C) (3)	44,182.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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

- 1 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
- 2 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" on 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) AMERICAN NATIONAL RED CROSS P.O. BOX 37295 WASHINGTON, DC 20013	53-0196605	501 (C) (3)	161,046.				GENERAL SUPPORT
(2) AMERICAN NEAR EAST REFUGEE AID 1111 14TH ST., NW WASHINGTON, DC 20005	52-0882226	501 (C) (3)	14,544.				GENERAL SUPPORT
(3) AMERICAN REFUGEE COMMITTEE 615 1ST AVE NE STE 500	36-3241033	501 (C) (3)	34,578.				GENERAL SUPPORT
(4) AMER. SOCTY FOR THE PREV. OF CRLTY TO ANIMA 424 E. 92ND ST NEW YORK, NY 10128	13-1623829	501 (C) (3)	9,142.				GENERAL SUPPORT
(5) AMERICARES FOUNDATION 88 HAMILTON AVE STAMFORD CT, CT 06902	06-1008595	501 (C) (3)	144,253.				GENERAL SUPPORT
(6) AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 21275	54-1517707	501 (C) (3)	135,941.				GENERAL SUPPORT
(7) ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193389	501 (C) (3)	269,809.				GENERAL SUPPORT
(8) ARCHDIOCESE FOR MILITARY SVC USA 1025 MICHIGAN AVE., NE WASHINGTON, DC 20017	13-1624090	501 (C) (3)	29,310.				GENERAL SUPPORT
(9) ASHOKA 1700 N. MOORE ST # 2000 ARLINGTON, VA 22209	51-0255908	501 (C) (3)	8,224.				GENERAL SUPPORT
(10) ATCHISON UNITED WAY BOARD 625 COMMERCIAL ST #7 ATCHISON, KS 66002	48-6107689	501 (C) (3)	16,222.				GENERAL SUPPORT
(11) ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD ATLANTA, GA 30318	58-1376648	501 (C) (3)	6,720.				GENERAL SUPPORT
(12) BARAT ACADEMY 17815 WILD HORSE CREEK RD	20-2666579	501 (C) (3)	7,000.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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" on 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) BARTLETT ARBORETUM ASSOC INC 151 BROOKDALE RD STAMFORD, CT 06903	06-6079591	501 (C) (3)	7,155.				GENERAL SUPPORT
(2) BICYCLES AGAINST POVERTY 244 FIFTH AVE NEW YORK, NY 10001	27-1175814	501 (C) (3)	18,187.				GENERAL SUPPORT
(3) BOURBON COUNTY UNITED WAY PO BOX 286 FORT SCOTT, KS 66701	23-7299984	501 (C) (3)	9,045.				GENERAL SUPPORT
(4) BOY SCOUTS OF AMERICA 1020 SE MONROE TOPEKA, KS 66612	48-0543748	501 (C) (3)	18,565.				GENERAL SUPPORT
(5) BOY SCOUTS OF AMERICA - ALOHA 1325 WALNUT HILL LN IRVING, TX 75015	99-0073482	501 (C) (3)	15,588.				GENERAL SUPPORT
(6) BOY SCOUTS OF AMERICA - TRANSATLANTIC UNIT 31301 BOX 25 APO, AE 09613	98-0000121	501 (C) (3)	17,547.				GENERAL SUPPORT
(7) BOYS & GIRLS CLUB OF LAWRENCE 1520 HASKELL AVE LAWRENCE, KS 66044	23-7296824	501 (C) (3)	5,670.				GENERAL SUPPORT
(8) BOYS & GIRLS CLUB OF HARFORD COUNTY MD INC 100 EAST BEL AIR AVE ABERDEEN, MD 21001	52-1701612	501 (C) (3)	7,920.				GENERAL SUPPORT
(9) BOYS AND GIRLS CLUB OF TOPEKA 550 SE 27TH ST TOPEKA, KS 66605	48-0636732	501 (C) (3)	36,053.				GENERAL SUPPORT
(10) BRIDGEPORT RESCUE MISSION INC 481 PEQUONNOCK ST BRIDGEPORT, CT 06604	06-1362705	501 (C) (3)	13,245.				GENERAL SUPPORT
(11) BUILD A BETTER WORLD 125 WASHINGTON ST. #201 SALEM, MA 01970	20-1348415	501 (C) (3)	6,033.				GENERAL SUPPORT
(12) CANCERCURE OF AMERICA- CARE UNDERSTAND RESE PO BOX 45754 SAN FRANCISCO, CA 94145	81-0648432	501 (C) (3)	198,264.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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" on 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) CAPITAL AREA HUMANE SOCIETY 3015 SCIOTO-DARBY EXEC CT	31-4379492	501 (C) (3)	7,812.				GENERAL SUPPORT
(2) CAPITAL UNIVERSITY 1 COLLEGE & MAIN COLUMBUS, OH 43209	31-4379435	501 (C) (3)	10,338.				GENERAL SUPPORT
(3) CAPPER FOUNDATION 3500 SW 10TH AVE TOPEKA, KS 66604	48-0543745	501 (C) (3)	15,432.				GENERAL SUPPORT
(4) CARE GIFT CENTER MERRIFIELD, VA 22116	13-1685039	501 (C) (3)	360,330.				GENERAL SUPPORT
(5) CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	06-0653053	501 (C) (3)	10,970.				GENERAL SUPPORT
(6) CATHOLIC COMMUNITY FOUNDATION 1404 E 9TH ST 8TH FL CLEVELAND, OH 04414	34-1908579	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH ST NEW YORK, NY 10011	13-5602319	501 (C) (3)	9,778.				GENERAL SUPPORT
(8) CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501 (C) (3)	26,498.				GENERAL SUPPORT
(9) CATHOLIC SERVICE ORGANIZATIONS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	45-1679647	501 (C) (3)	143,194.				GENERAL SUPPORT
(10) CENTER OF HOPE INC 400 N EMPORIA ST WICHITA, KS 67202	48-0578624	501 (C) (3)	15,259.				GENERAL SUPPORT
(11) AMERICAS MOST COST-EFFECTIVE CHARITIES PO BOX 45754 SAN FRANCISCO, CA 94145	27-3132554	501 (C) (3)	100,356.				GENERAL SUPPORT
(12) CHARITIES UNDER 5% OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94145	27-3132492	501 (C) (3)	27,843.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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" on 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) DO UNTO OTHERS AMERICAS: EMERGENCY RELIEF E PO BOX 45754 SAN FRANCISCO, CA 94145	94-3148590	501 (C) (3)	67,665.				GENERAL SUPPORT
(2) CHILD AID USA 125 WASHINGTON ST, STE 201 SALEM, MA 01970	26-3061082	501 (C) (3)	5,296.				GENERAL SUPPORT
(3) CHILDAID INTERNATIONAL 125 WASHINGTON ST, STE 201 SALEM, MA 01970	20-1358458	501 (C) (3)	19,773.				GENERAL SUPPORT
(4) CHILDFUND INTERNATIONAL 2821 EMERYWOOD PKWY RICHMOND, VA 23294	54-0536100	501 (C) (3)	7,943.				GENERAL SUPPORT
(5) CHILDREN FIRST-AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 21275	30-0186795	501 (C) (3)	141,330.				GENERAL SUPPORT
(6) CHILDREN INTERNATIONAL 2000 E. RED BRIDGE RD KANSAS CITY, MO 64131	44-6005794	501 (C) (3)	25,065.				GENERAL SUPPORT
(7) CHILDREN'S CHARITIES AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3148588	501 (C) (3)	175,532.				GENERAL SUPPORT
(8) CHILDREN'S MEDICAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	27-0093393	501 (C) (3)	118,633.				GENERAL SUPPORT
(9) CHRISTIAN AID USA 125 WASHINGTON ST. STE 201 SALEM, MA 01970	26-3070569	501 (C) (3)	5,825.				GENERAL SUPPORT
(10) CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3255961	501 (C) (3)	134,183.				GENERAL SUPPORT
(11) CHRISTIAN CHILDREN'S CHARITIES PO BOX 45754 SAN FRANCISCO, CA 94145	45-2919697	501 (C) (3)	33,863.				GENERAL SUPPORT
(12) CHRISTIAN LIFE SCHOOL FDN INC 10700 75TH ST KENOSHA, WI 53142	39-2003070	501 (C) (3)	21,667.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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

- 1 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
- 2 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" on 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.

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(1) CHRISTIAN SERVICE CHARITIES P.O. BOX 79704 BALTIMORE, MD 21279	94-3193374	501 (C) (3)	314,622.				GENERAL SUPPORT
(2) CHURCH WORLD SERVICE/CROP P.O. BOX 968 ELKHART, IN 46515	13-4080201	501 (C) (3)	13,922.				GENERAL SUPPORT
(3) CLEVELAND MUSEUM OF ART 11150 EAST BLVD CLEVELAND, OH 44106	34-0714336	501 (C) (3)	9,752.				GENERAL SUPPORT
(4) COLUMBUS COUNCIL ON WORLD AFFAIRS 51 JEFFERSON AVE COLUMBUS, OH 43215	51-0180760	501 (C) (3)	5,228.				GENERAL SUPPORT
(5) COLUMBUS MUSEUM OF ART 480 E BROAD ST COLUMBUS, OH 43215	31-4379447	501 (C) (3)	5,932.				GENERAL SUPPORT
(6) COMMUNITY HEALTH CHARITIES PO BOX 758858 BALTIMORE, MD 21275	13-6167225	501 (C) (3)	518,746.				GENERAL SUPPORT
(7) COMMUNITY HEALTH CHARITIES OF CA PO BOX 758858 BALTIMORE, MD 21275	94-1732873	501 (C) (3)	5,765.				GENERAL SUPPORT
(8) COMMUNITY HEALTH MINISTRY 407 ASH ST WAMEGO, KS 66547	75-2974854	501 (C) (3)	14,870.				GENERAL SUPPORT
(9) COMPASSION INTERNATIONAL 12290 VOYAGER PKWY	36-2423707	501 (C) (3)	18,606.				GENERAL SUPPORT
(10) CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 06111	06-0667605	501 (C) (3)	6,908.				GENERAL SUPPORT
(11) CONNECTICUT SCIENCE CENTER INC 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501 (C) (3)	14,600.				GENERAL SUPPORT
(12) CONSERVATION&PRESERVATION CHARITIES OF AMER PO BOX 45754 SAN FRANCISCO, CA 94145	94-3217738	501 (C) (3)	74,707.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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 (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) COUNTERPART INTERNATIONAL 2345 CRYSTAL DR, #301 ARLINGTON, VA 22202	13-6183605	501 (C) (3)	35,439.				GENERAL SUPPORT
(2) COVENANT DAY SCHOOL INC 800 FULLWOOD RD MATTHEWS, NC 28105	56-1656570	501 (C) (3)	7,500.				GENERAL SUPPORT
(3) DAVIS PHINNEY FOUNDATION 1722 14TH ST., #150 BOULDER, CO 80302	20-0813566	501 (C) (3)	5,500.				GENERAL SUPPORT
(4) DESERT RESEARCH INSTITUTE CTR FOR INT'L WAT 2215 RAGGIO PKWY RENO, NV 89512	43-1526946	501 (C) (3)	6,202.				GENERAL SUPPORT
(5) DIABETES CHARITIES AMERICA 125 WASHINGTON ST, # 201 SALEM, MA 01970	20-1468898	501 (C) (3)	17,037.				GENERAL SUPPORT
(6) DIAMOND BASEBALL FOUNDATION 200 CENTER PARK DR KNOXVILLE, TN 37922	45-4443436	501 (C) (3)	10,500.				GENERAL SUPPORT
(7) DIRECT RELIEF 27 S. LA PATERA LN SANTA BARBARA, CA 93117	95-1831116	501 (C) (3)	6,506.				GENERAL SUPPORT
(8) DOCTORS WITHOUT BORDERS USA INC P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501 (C) (3)	3,057,993.				GENERAL SUPPORT
(9) DRAKE UNIVERSITY 2507 UNIV AVE DES MOINES, IA 50311	42-0680460	501 (C) (3)	19,601.				GENERAL SUPPORT
(10) EARTHSHARE DEPT. 4011 WASHINGTON, DC 20042	52-1601960	501 (C) (3)	101,564.				GENERAL SUPPORT
(11) ECPAT-USA END CHILD PROSTITUTION, PORNOGRAPH 30 3RD AVE. BROOKLYN, NY 11217	13-3755580	501 (C) (3)	8,727.				GENERAL SUPPORT
(12) EDUCATE AMERICA THE EDUCATION SCHOOL SUPPOR PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193387	501 (C) (3)	50,771.				GENERAL SUPPORT

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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
52-1273585

Part I General Information on Grants and Assistance

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) ENGINEERS WITHOUT BORDERS USA 1021 33RD ST DENVER, CO 80205	84-1589324	501 (C) (3)	10,132.				GENERAL SUPPORT
(2) EPISCOPAL HIGH SCHOOL 1200 N QUAKER LN ALEXANDRIA, VA 22302	54-0506326	501 (C) (3)	7,500.				GENERAL SUPPORT
(3) EPISCOPAL RELIEF AND DEVELOPMENT 815 2ND AVE NEW YORK, NY 10017	73-1635264	501 (C) (3)	52,855.				GENERAL SUPPORT
(4) FAITH MISSION INC 500 W WILSON BRIDGE RD	31-0809759	501 (C) (3)	5,131.				GENERAL SUPPORT
(5) FAMILY LIFE CENTER OF BUTLER COUNTY INC 115 S WASHINGTON ST EL DORADO, KS 67042	48-1087496	501 (C) (3)	6,421.				GENERAL SUPPORT
(6) FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	41-1601449	501 (C) (3)	11,090.				GENERAL SUPPORT
(7) FEEDING CHILDREN EVERYWHERE 830 S. RONALD REAGAN BLVD	27-3274349	501 (C) (3)	6,315.				GENERAL SUPPORT
(8) FINCA INTERNATIONAL, INC. 1201 15TH ST, NW 8TH FL	13-3240109	501 (C) (3)	21,835.				GENERAL SUPPORT
(9) FLINTHILLS BREADBASKET INC 905 YUMA ST MANHATTAN, KS 66502	48-0952757	501 (C) (3)	14,104.				GENERAL SUPPORT
(10) FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	59-2174510	501 (C) (3)	21,375.				GENERAL SUPPORT
(11) FREEDOM FROM HUNGER PO BOX 2000 DAVIS, CA 95617	95-1647835	501 (C) (3)	17,088.				GENERAL SUPPORT
(12) FRIENDS OF HOSPICE OF JEFFERSON COUNTY PO BOX 101 VALLEY FALLS, KS 66088	74-2824423	501 (C) (3)	5,678.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization
GLOBAL IMPACT

Employer identification number
52-1273585

Part I General Information on Grants and Assistance

- 1 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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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) FULBRIGHT ASSOCIATION INC 1320 19TH ST, #350 WASHINGTON, DC 20036	52-1821935	501 (C) (3)	5,880.				GENERAL SUPPORT
(2) GEORGE WASHINGTON UNIVERSITY 2033 K ST NW #300 WASHINGTON, DC 20052	53-0196584	501 (C) (3)	5,395.				GENERAL SUPPORT
(3) GLOBAL IMPACT P.O. BOX 409616 ATLANTA, GA 30384	52-1273585	501 (C) (3)	491,093.				GENERAL SUPPORT
(4) GOODCITY 5049 W HARRISON CHICAGO, IL 60644	36-3467921	501 (C) (3)	75,800.				GENERAL SUPPORT
(5) GRACE UNITED METHODIST CHURCH 300 E GARTNER RD NAPERVILLE, IL 60540	36-2340309	501 (C) (3)	6,200.				GENERAL SUPPORT
(6) HACKLEY SCHOOL 293 BENEDICT AVE TARRYTOWN, NY 10591	13-1740452	501 (C) (3)	7,500.				GENERAL SUPPORT
(7) HANDICAP INTERNATIONAL 6930 CARROLL AVE TAKOMA PARK, MD 20912	55-0914744	501 (C) (3)	21,532.				GENERAL SUPPORT
(8) HANDS OFFERING HOPE FOUNDATION INC 3 PARKLANDS DR #103 DARIEN, CT 06820	45-3798076	501 (C) (3)	6,800.				GENERAL SUPPORT
(9) HARDIN VALLEY ACADEMY ATHLETIC COUNCIL 11345 HARDIN VALLEY RD KNOXVILLE, TN 37932	51-0670175	501 (C) (3)	5,500.				GENERAL SUPPORT
(10) HARVESTERS 215 SE QUINCY TOPEKA, KS 66603	43-1208665	501 (C) (3)	40,893.				GENERAL SUPPORT
(11) HEALTH & MEDICAL RESEARCH CHARITIES OF AMER PO BOX 45754 SAN FRANCISCO, CA 94145	94-3217739	501 (C) (3)	276,104.				GENERAL SUPPORT
(12) HEALTH FIRST - AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 21275	30-0186796	501 (C) (3)	65,720.				GENERAL SUPPORT

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
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Name of the organization
GLOBAL IMPACT

Employer identification number
52-1273585

Part I General Information on Grants and Assistance

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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) HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	35-1019477	501 (C) (3)	361,100.				GENERAL SUPPORT
(2) HELEN KELLER INTERNATIONAL 352 PARK AVE S. NEW YORK, NY 10010	13-5562162	501 (C) (3)	8,193.				GENERAL SUPPORT
(3) HELPAGE USA 601 E ST, NW WASHINGTON, DC 22249	27-1071179	501 (C) (3)	30,899.				GENERAL SUPPORT
(4) HELPING HANDS HUMANE SOCIETY INC 5720 SW 21ST ST TOPEKA, KS 66604	48-0597124	501 (C) (3)	46,553.				GENERAL SUPPORT
(5) HILLIARD BASEBALL ASSOCIATION INC P.O. BOX 202 HILLIARD, OH 43026	31-1022221	501 (C) (3)	9,000.				GENERAL SUPPORT
(6) HIMALAYAN CATARACT PROJECT PO BOX 55 WATERBURY, VT 05676	03-0362926	501 (C) (3)	14,270.				GENERAL SUPPORT
(7) HISPANIC & LATINO CHARITIES TH PO BOX 45754 SAN FRANCISCO, CA 94145	68-0455509	501 (C) (3)	26,799.				GENERAL SUPPORT
(8) HUMAN & CIVIL RIGHTS 125 WASHINGTON ST #201 SALEM, MA 01970	94-3193388	501 (C) (3)	27,297.				GENERAL SUPPORT
(9) HUMAN SERVICE CHARITIES AMERIC 44330 PREMIER PL, #220 ASHBURN, VA 20147	94-3240353	501 (C) (3)	25,617.				GENERAL SUPPORT
(10) INSPIRICA INC 141 FRANKLIN ST STAMFORD, CT 06901	06-1172535	501 (C) (3)	8,725.				GENERAL SUPPORT
(11) INTERNATIONAL CENTER FOR RESEARCH ON WOMEN 1120 20TH ST NW #500 N WASHINGTON, DC 20036	52-1081455	501 (C) (3)	6,934.				GENERAL SUPPORT
(12) INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	54-1722887	501 (C) (3)	25,175.				GENERAL SUPPORT

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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(1) INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD	95-3949646	501 (C) (3)	16,814.				GENERAL SUPPORT
(2) INTERNATIONAL ORTHODOX 110 WEST RD BALTIMORE, MD 21204	25-1679348	501 (C) (3)	45,933.				GENERAL SUPPORT
(3) INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON RD SAN DIEGO, CA 92120	33-0412751	501 (C) (3)	11,825.				GENERAL SUPPORT
(4) INTERNATIONAL RESCUE COMMITTEE 122 E. 42ND ST.12TH FL NEW YORK, NY 10168	13-5660870	501 (C) (3)	86,422.				GENERAL SUPPORT
(5) JUNIOR ACHIEVEMENT OF KANSAS 3735 SW WANAMAKER RD TOPEKA, KS 66610	48-0731855	501 (C) (3)	14,806.				GENERAL SUPPORT
(6) K9S FOR WARRIORS 260 SROSCOE BLVD PONTE VEDRA BCH, FL 32082	27-5219467	501 (C) (3)	20,364.				GENERAL SUPPORT
(7) KANSAS CHILDREN'S SERVICE LEAGUE 215 W 6TH EMPORIA, KS 66801	48-0543749	501 (C) (3)	9,447.				GENERAL SUPPORT
(8) KANSAS FOOD BANK WAREHOUSE INC 1919 E DOUGLAS AVE WICHITA, KS 67211	48-0959213	501 (C) (3)	29,445.				GENERAL SUPPORT
(9) KANSAS HUMANE SOCIETY OF WICHITA INC 3313 N. HILLSIDE WICHITA, KS 67219	48-0554339	501 (C) (3)	28,284.				GENERAL SUPPORT
(10) KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVE MANHATTAN, KS 66502	48-0667209	501 (C) (3)	7,890.				GENERAL SUPPORT
(11) KIDS IN NEED INC 3457 SW JARDINE TER TOPEKA, KS 66611	48-1248446	501 (C) (3)	18,875.				GENERAL SUPPORT
(12) KIDS SAVING THE RAINFOREST 3790 EL CAMINO REAL #206	06-1594980	501 (C) (3)	5,427.				GENERAL SUPPORT

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Internal Revenue Service

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(1) LANDESA 1424 FOURTH AVE SEATTLE, WA 98101	91-1158970	501 (C) (3)	5,113.				GENERAL SUPPORT
(2) LAWRENCE COMMUNITY SHELTER INC 3655 E. 25TH ST. LAWRENCE, KS 66046	74-2848203	501 (C) (3)	10,578.				GENERAL SUPPORT
(3) LAWRENCE HUMANE SOCIETY INC 1805 E 19TH ST LAWRENCE, KS 66046	48-0641821	501 (C) (3)	8,017.				GENERAL SUPPORT
(4) LETS HELP INC 200 S. KANSAS AVE. TOPEKA, KS 66603	48-0800447	501 (C) (3)	9,805.				GENERAL SUPPORT
(5) LEUKEMIA & LYMPHOMA SOCIETY/SOUTH OHIO CHAP 4370 GLENDALE MILFORD RD	13-5644916	501 (C) (3)	6,675.				GENERAL SUPPORT
(6) LIFEHOUSE CHILD ADVOCACY CENTER INC 303 S KANSAS AVE TOPEKA, KS 66603	48-1234465	501 (C) (3)	8,711.				GENERAL SUPPORT
(7) LIFETIME ASSISTANCE FOUNDATION INC 425 PAUL RD ROCHESTER, NY 14624	13-3754497	501 (C) (3)	5,820.				GENERAL SUPPORT
(8) LUTHERAN WORLD RELIEF PO BOX 17061 BALTIMORE, MD 21298	13-2574963	501 (C) (3)	278,685.				GENERAL SUPPORT
(9) MAESTRO CARES NFP 1459 W. HUBBARD ST CHICAGO, IL 60642	45-3706112	501 (C) (3)	79,603.				GENERAL SUPPORT
(10) MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 31525	36-2586390	501 (C) (3)	7,270.				GENERAL SUPPORT
(11) MEALS ON WHEELS SHAWNEE & JEFFERSON COUNTY 2701 SW E. CIRCLE DR TOPEKA, KS 66606	48-0792685	501 (C) (3)	24,958.				GENERAL SUPPORT
(12) MEDICAL MISSIONARIES INC 9590 SURVEYOR CT MANASSAS, VA 20110	54-1990595	501 (C) (3)	10,000.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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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" on 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) MEDICAL RESEARCH CHARITIES 125 WASHINGTON ST, 201 SALEM, MA 01970	94-3148591	501 (C) (3)	86,892.				GENERAL SUPPORT
(2) MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE NEW YORK, NY 10065	13-1924236	501 (C) (3)	5,209.				GENERAL SUPPORT
(3) MENTAL HEALTH & ADDICTION NETW 125 WASHINGTON ST. 201 SALEM, MA 01970	20-1358397	501 (C) (3)	17,359.				GENERAL SUPPORT
(4) MERCY CORPS INTERNATIONAL 45 ANKENY ST PORTLAND, OR 97201	91-1148123	501 (C) (3)	63,578.				GENERAL SUPPORT
(5) METRO EARLY COLLEGE HIGH SCHOOL 1929 KENNY RD COLUMBUS, OH 43210	90-0838465	501 (C) (3)	5,563.				GENERAL SUPPORT
(6) METROPOLITAN GOLF ASSOCIATION FOUNDATION 49 KNOLLWOOD RD ELMSFORD, NY 10523	13-3637689	501 (C) (3)	5,460.				GENERAL SUPPORT
(7) MIDLAND CARE CONNECTION INC 200 SW FRAZIER CIR TOPEKA, KS 66606	48-0883888	501 (C) (3)	30,730.				GENERAL SUPPORT
(8) MID-OHIO FOODBANK 3960 BROOKHAVEN DR GROVE CITY, OH 43123	31-0865343	501 (C) (3)	29,248.				GENERAL SUPPORT
(9) MILITARY VETERANS & PATRIOTIC SERVICE ORG O PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193418	501 (C) (3)	430,085.				GENERAL SUPPORT
(10) MILITARY OFFICERS ASSOC OF AMERICA SCHLSP F 201 N WASHINGTON ST ALEXANDRIA, VA 22314	54-1659039	501 (C) (3)	9,600.				GENERAL SUPPORT
(11) MILITARY SUPPORT GROUPS OF AMERICA P.O. BOX 45754 SAN FRANCISCO, CA 94145	27-2242752	501 (C) (3)	129,833.				GENERAL SUPPORT
(12) NATIONAL BLACK FEDERATION CHAR 17 ACADEMY ST NEWARK, NJ 07102	22-3596098	501 (C) (3)	11,792.				GENERAL SUPPORT

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Name of the organization

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(1) NATIONAL PUBLIC RADIO PO BOX 79540 BALTIMORE, MD 21279	52-0907625	501 (C) (3)	21,060.				GENERAL SUPPORT
(2) NEAR EAST FOUNDATION 430-432 CROUSE HINDS HALL	13-1624114	501 (C) (3)	6,938.				GENERAL SUPPORT
(3) NORTH COBB CHRISTIAN SCHOOL INC 4500 LAKEVIEW DR KENNESAW, GA 30144	58-1519089	501 (C) (3)	10,000.				GENERAL SUPPORT
(4) NORTHWESTERN UNIVERSITY 1201 DAVIS ST EVANSTON, IL 60208	36-2167817	501 (C) (3)	6,000.				GENERAL SUPPORT
(5) OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221	31-1145986	501 (C) (3)	45,853.				GENERAL SUPPORT
(6) ONE IN CHRIST INC 12311 W RIDGE CIR INDIANAPOLIS, IN 46236	45-5212818	501 (C) (3)	15,893.				GENERAL SUPPORT
(7) OPEN DOOR MISSION 2828 N 23TH ST E OMAHA, NE 68110	47-0411375	501 (C) (3)	6,240.				GENERAL SUPPORT
(8) OPERATION SMILE 3641 FACULTY BLVD VIRGINIA BEACH, VA 23453	54-1460147	501 (C) (3)	67,549.				GENERAL SUPPORT
(9) OPPORTUNITY INTERNATIONAL 550 W. VAN BUREN CHICAGO, IL 60607	54-0907624	501 (C) (3)	8,161.				GENERAL SUPPORT
(10) OTTERBEIN UNIVERSITY 1 S GROVE ST WESTERVILLE, OH 43081	31-4379532	501 (C) (3)	6,132.				GENERAL SUPPORT
(11) OXFAM AMERICA 226 CAUSEWAY ST, 5TH FL BOSTON, MA 02114	23-7069110	501 (C) (3)	156,011.				GENERAL SUPPORT
(12) PARTNERS IN FOOD SOLUTIONS 9000 PLYMOUTH AVE N MINNEAPOLIS, MN 55427	27-5097190	501 (C) (3)	6,868.				GENERAL SUPPORT

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

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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) PARTNERS IN HEALTH 888 COMMONWEALTH AVE BOSTON, MA 02215	04-3567502	501 (C) (3)	90,024.				GENERAL SUPPORT
(2) PATH P.O. BOX 900922 SEATTLE, WA 98109	91-1157127	501 (C) (3)	8,804.				GENERAL SUPPORT
(3) PAUL TAYLOR DANCE FOUNDATION INC 551 GRAND ST NEW YORK, NY 10002	13-2665475	501 (C) (3)	7,800.				GENERAL SUPPORT
(4) PITNEY BOWES RELIEF FUND INC 3001 SUMMER ST, 6TH FL STAMFORD, CT 06926	27-3398652	501 (C) (3)	93,014.				GENERAL SUPPORT
(5) PLAN USA 155 PLAN WAY WARWICK, RI 02886	13-5661832	501 (C) (3)	19,773.				GENERAL SUPPORT
(6) PROJECT HOPE 255 CARTER HALL LN MILLWOOD, VA 22646	53-0242962	501 (C) (3)	45,559.				GENERAL SUPPORT
(7) PROJECT TOPEKA 1315 SW ARROWHEAD RD TOPEKA, KS 66604	30-0596254	501 (C) (3)	21,168.				GENERAL SUPPORT
(8) REALIZED WORTH 185 SOUTH 8TH ST NOBLESVILLE, IN 46060	27-3417347	501 (C) (3)	102,500.				GENERAL SUPPORT
(9) RISE RECOVERY PO BOX 15322 SAN ANTONIO, TX 78212	74-2216041	501 (C) (3)	8,630.				GENERAL SUPPORT
(10) RONALD MCDONALD HOUSE CHARITIES OF WICHITA 1110 N. EMPORIA ST WICHITA, KS 67214	48-0918101	501 (C) (3)	26,029.				GENERAL SUPPORT
(11) ROTARY #4795345 ONE ROTARY CTR EVANSTON, IL 60201	36-3245072	501 (C) (3)	21,390.				GENERAL SUPPORT
(12) ROUNABOUT THEATRE COMPANY INC 231 W 39TH ST #1200 NEW YORK, NY 10018	13-6192346	501 (C) (3)	10,000.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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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

- 1 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
- 2 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" on 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) SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 06825	06-0776644	501 (C) (3)	5,607.				GENERAL SUPPORT
(2) SALVATION ARMY - COLUMBUS PO BOX 06324 COLUMBUS, OH 43206	13-5562351	501 (C) (3)	9,863.				GENERAL SUPPORT
(3) SALVATION ARMY WORLD SERVICE OFFICE PO BOX 269 ALEXANDRIA, VA 22313	13-2923701	501 (C) (3)	182,852.				GENERAL SUPPORT
(4) SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD MILPITAS, CA 95035	77-6141976	501 (C) (3)	14,180.				GENERAL SUPPORT
(5) SAVE THE CHILDREN 501 KINGS HIGHWAY E. #400	06-0726487	501 (C) (3)	181,176.				GENERAL SUPPORT
(6) SCOVILLE MEMORIAL LIBRARY ASSOC INC 38 MAIN ST SALISBURY, CT 06068	06-0653164	501 (C) (3)	7,550.				GENERAL SUPPORT
(7) SECOND CHANCE SHELTER 130 COUNTY RD 398 BOAZ, AL 35957	26-2717351	501 (C) (3)	10,000.				GENERAL SUPPORT
(8) SIGHTLIFE 221 YALE AVE. N.# 450 SEATTLE, WA 98109	23-7051021	501 (C) (3)	5,199.				GENERAL SUPPORT
(9) SILICON VALLEY COMMUNITY FDN 2440 W. EL CAMINO REAL	20-5205488	501 (C) (3)	88,502.				GENERAL SUPPORT
(10) SMILE TRAIN 41 MADISON AVE 28TH FL NEW YORK, NY 10010	13-3661416	501 (C) (3)	34,004.				GENERAL SUPPORT
(11) SMOKY ROW BRETHERN CHURCH 7260 SMOKY ROW RD COLUMBUS, OH 43235	31-0992807	501 (C) (3)	22,000.				GENERAL SUPPORT
(12) SOS CHILDREN'S VILLAGES- USA 1620 I ST NW, #900 WASHINGTON, DC 20006	13-6188433	501 (C) (3)	23,123.				GENERAL SUPPORT

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2015

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Department of the Treasury
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Name of the organization
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52-1273585

Part I General Information on Grants and Assistance

- 1 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) SOUTHERN NEW HAMPSHIRE UNIVERSITY 2500 N RIVER RD MANCHESTER, NH 03106	02-0274509	501 (C) (3)	10,000.				GENERAL SUPPORT
(2) SPORTS CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94145	47-0863988	501 (C) (3)	33,676.				GENERAL SUPPORT
(3) ST GABRIELS CHURCH CORPORATION 1 TUDOR RD MILFORD, CT 06460	06-6055388	501 (C) (3)	5,200.				GENERAL SUPPORT
(4) ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST. JUDE PL MEMPHIS, TN 38105	62-0646012	501 (C) (3)	128,198.				GENERAL SUPPORT
(5) ST. PATRICKS CATHOLIC ELEMENTARY SCHOOL 20500 W. MAPLE RD ELKHORN, NE 68022	47-0379377	501 (C) (3)	5,600.				GENERAL SUPPORT
(6) STOP HUNGER NOW 615 HILLSBOROUGH ST #200 RALEIGH, NC 27603	16-1541024	501 (C) (3)	22,957.				GENERAL SUPPORT
(7) SUSAN G. KOMEN FOR THE CURE - COLUMBUS 929 EASTWIND DR WESTERVILLE, OH 43081	75-2844651	501 (C) (3)	5,103.				GENERAL SUPPORT
(8) TARC INC 2701 SW RANDOLPH AVE TOPEKA, KS 66611	48-6086732	501 (C) (3)	54,544.				GENERAL SUPPORT
(9) THAT NEWFOUNDLAND PLACE INC 554 PUCKER ST COVENTRY, CT 06238	27-2176439	501 (C) (3)	5,400.				GENERAL SUPPORT
(10) THE CLOUDBASE FOUNDATION 677 W PINE RD MELBOURNE, FL 32904	27-1359927	501 (C) (3)	14,835.				GENERAL SUPPORT
(11) THE GLOBAL HUNGER PROJECT 5 UNION SQUARE W. NEW YORK, NY 10003	94-2443282	501 (C) (3)	18,752.				GENERAL SUPPORT
(12) THE HOMELESS FAMILIES FOUNDATION 33 N. GRUBB ST COLUMBUS, OH 43215	31-1179492	501 (C) (3)	5,347.				GENERAL SUPPORT

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(1) THE MAULI OLA FOUNDATION 1205 VICTORY WALK LAGUNA BEACH, CA 92651	26-2141264	501 (C) (3)	42,166.				GENERAL SUPPORT
(2) THE WILLOW DOMESTIC VIOLENCE CENTER INC 1920 MOODIE RD LAWRENCE, KS 66046	48-0853356	501 (C) (3)	7,162.				GENERAL SUPPORT
(3) THE YOUNG MENS CHRISTIAN ASSOC OF THE TRGLE 801 CORP CTR DR RALEIGH, NC 27607	56-0591307	501 (C) (3)	5,450.				GENERAL SUPPORT
(4) TOPEKA RESCUE MISSION INC P.O. BOX 8350 TOPEKA, KS 66608	48-0688068	501 (C) (3)	95,316.				GENERAL SUPPORT
(5) TRUE VINEYARD MINISTRIES INC PO BOX 1962 SAN MARCOS, TX 78667	41-2227790	501 (C) (3)	5,200.				GENERAL SUPPORT
(6) TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE ST S. HADLEY, MA 01075	04-2103578	501 (C) (3)	7,297.				GENERAL SUPPORT
(7) TRUSTEES OF PURDUE UNIVERSITY 403 W WOOD ST W. LAFAYETTE, IN 47907	35-6002041	501 (C) (3)	6,250.				GENERAL SUPPORT
(8) UNITED STATES FUND FOR UNICEF 125 MAIDEN LN NEW YORK, NY 10038	13-1760110	501 (C) (3)	201,148.				GENERAL SUPPORT
(9) UNION RESCUE MISSION OF WICHITA INC 2800 N HILLSIDE ST WICHITA, KS 67219	48-0625837	501 (C) (3)	14,370.				GENERAL SUPPORT
(10) UNIQUE & NOTEWORTHY CHARITIES P.O. BOX 45754 SAN FRANCISCO, CA 94145	46-3016556	501 (C) (3)	59,061.				GENERAL SUPPORT
(11) UNITARIAN UNIVERSALIST SERVICE COMMITTEE SVC COMMITTEE BOSTON, MA 02284	04-6186012	501 (C) (3)	32,877.				GENERAL SUPPORT
(12) UTD JEWISH APPEAL FED OF JEWISH PHILANTHROP 130 E 59TH ST NEW YORK, NY 10022	51-0172429	501 (C) (3)	7,450.				GENERAL SUPPORT

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(1) UNITED METHODIST 475 RIVERSIDE DR, 1520 NEW YORK, NY 10115	13-5562279	501 (C) (3)	184,478.				GENERAL SUPPORT
(2) UNITED NEGRO COLLEGE FUND 229 PEACHTREE ST NE, 2350 ATLANTA, GA 30303	13-1624241	501 (C) (3)	5,984.				GENERAL SUPPORT
(3) UNITED SERVICE ORGANIZATIONS, INC. 2111 WILSON BLVD, 1200 ARLINGTON, VA 22201	13-1610451	501 (C) (3)	140,111.				GENERAL SUPPORT
(4) UNITED WAY OF CENTRAL MARYLAND 100 S CHARLES ST BALTIMORE, MD 21203	52-0591543	501 (C) (3)	9,989.				GENERAL SUPPORT
(5) UNITED WAY OF CENTRAL OHIO INC 360 S 3RD ST COLUMBUS, OH 43215	31-4393712	501 (C) (3)	30,493.				GENERAL SUPPORT
(6) UNITED WAY OF COASTAL FAIRFIELD COUNTY INC 855 MAIN ST BRIDGEPORT, CT 06604	06-0864341	501 (C) (3)	17,678.				GENERAL SUPPORT
(7) UNITED WAY OF DOUGLAS COUNTY INC 2518 RIDGE CT LAWRENCE, KS 66046	48-0796320	501 (C) (3)	30,642.				GENERAL SUPPORT
(8) UNITED WAY OF EL DORADO KANSAS INC 116 W. PINE ST EL DORADO, KS 67042	23-7199368	501 (C) (3)	6,064.				GENERAL SUPPORT
(9) UNITED WAY OF GREATER KANSAS CITY INC 801 W. 47TH ST #500 KANSAS CITY, MO 64112	44-0545812	501 (C) (3)	16,923.				GENERAL SUPPORT
(10) UNITED WAY OF GREATER TOPEKA INC 1315 SW ARROWHEAD RD TOPEKA, KS 66604	48-0561978	501 (C) (3)	68,806.				GENERAL SUPPORT
(11) UNITED WAY OF LEAVENWORTH COUNTY INC PO BOX 21 LEAVENWORTH, KS 66048	48-0622408	501 (C) (3)	7,036.				GENERAL SUPPORT
(12) UNITED WAY OF NEW YORK CITY 205 E 42ND ST NEW YORK, NY 10017	13-2617681	501 (C) (3)	10,840.				GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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" on 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 RENO COUNTY P.O. BOX 2230 HUTCHINSON, KS 67504	48-0833061	501 (C) (3)	10,974.				GENERAL SUPPORT
(2) UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 67202	48-0547688	501 (C) (3)	68,912.				GENERAL SUPPORT
(3) UNITED WAY OF WESTERN CONNECTICUT 85 W ST DANBURY, CT 06810	06-0646577	501 (C) (3)	27,003.				GENERAL SUPPORT
(4) UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501 (C) (3)	9,460.				GENERAL SUPPORT
(5) USA GIRL SCOUTS OVERSEAS 420 5TH AVE NEW YORK, NY 10018	13-1624016	501 (C) (3)	8,375.				GENERAL SUPPORT
(6) UW OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD 420 VIENNA, VA 22182	53-0234290	501 (C) (3)	5,195.				GENERAL SUPPORT
(7) VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD #375 PHOENIX, AZ 85018	86-0104419	501 (C) (3)	8,703.				GENERAL SUPPORT
(8) VALLEY UNITED WAY INCORPORATED 54 GROVE ST SHELTON, CT 06484	06-0847098	501 (C) (3)	5,424.				GENERAL SUPPORT
(9) WATER FOR PEOPLE 100 E TENNESSEE AVE DENVER, CO 80209	84-1166148	501 (C) (3)	86,126.				GENERAL SUPPORT
(10) WESTPORT COUNTRY PLAYHOUSE INC 25 POWERS CT WESTPORT, CT 06880	23-7357943	501 (C) (3)	17,920.				GENERAL SUPPORT
(11) WICHITA HABITAT FOR HUMANITY 130 E MURDOCK, 102 WICHITA, KS 67214	58-1735540	501 (C) (3)	9,918.				GENERAL SUPPORT
(12) WILD ANIMALS WORLDWIDE PO BOX 45754 SAN FRANCISCO, CA 94145	20-8774272	501 (C) (3)	46,225.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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

- 1 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
- 2 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" on 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 PRESIDENTIAL FDN 1271 AVE OF THE AMERICAS 42ND FL	31-1580204	501 (C) (3)	34,486.				GENERAL SUPPORT
(2) WOLF TRAP FDN FOR THE PERFORMING ARTS 1645 TRAP RD VIENNA, VA 22182	23-7011544	501 (C) (3)	10,000.				GENERAL SUPPORT
(3) WOMEN FOR WOMEN INTERNATL 2000 M ST, NW #200 WASHINGTON, DC 20036	52-1838756	501 (C) (3)	40,456.				GENERAL SUPPORT
(4) WOMEN, CHILDREN & FAMILY SERVICE CHARITIES OF PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193386	501 (C) (3)	84,095.				GENERAL SUPPORT
(5) WORLD CHILDHOOD FOUNDATION, INC. 183 MADISON AVE #715 NEW YORK, NY 10016	16-1559586	501 (C) (3)	8,505.				GENERAL SUPPORT
(6) WORLD RELIEF 7 EAST BALTIMORE ST BALTIMORE, MD 21202	23-6393344	501 (C) (3)	7,974.				GENERAL SUPPORT
(7) WORLD RENEW RELIEF COMMITTEE GRAND RAPIDS, MI 49560	20-5080679	501 (C) (3)	24,690.				GENERAL SUPPORT
(8) WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501 (C) (3)	46,418.				GENERAL SUPPORT
(9) WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD JACKSONVILLE, FL 32256	20-2370934	501 (C) (3)	337,802.				GENERAL SUPPORT
(10) WOUNDED WARRIORS FAMILY SUPPORT 920 S. 107TH AVE # 250 OMAHA, NE 68114	20-1407520	501 (C) (3)	19,794.				GENERAL SUPPORT
(11) WYCLIFFE BIBLE TRANSLATORS INC P.O. BOX 628200 ORLANDO, FL 32832	95-1831097	501 (C) (3)	20,048.				GENERAL SUPPORT
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 262.

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) (2015)

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

2015

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 on 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 on 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? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed on 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? **6a** X
- b** Any related organization? **6b** X
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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 **8** X

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

	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) 2015

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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT JACKSON PRESIDENT & CEO	(i)	303,633.	56,668.	14,950.	13,250.	25,107.	413,608.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CHRISTINE SOW EXECUTIVE DIRECTOR, GHC	(i)	179,436.	0.	0.	0.	0.	179,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANN CANELA VP, PARTNER SOLUTIONS	(i)	136,387.	21,982.	15,595.	7,798.	5,858.	187,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JOSEPH METTIMANO VP, MKTG & CAMPAIGN ENGAGEMENT	(i)	143,687.	21,443.	7,798.	7,798.	15,185.	195,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 STEPHANIE SCHOLZ MANAGING DIRECTOR, HR & ADMIN	(i)	116,400.	21,955.	7,176.	7,176.	16,433.	169,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MARK MILLIGAN MANAGING DIRECTOR, FINANCE	(i)	123,493.	16,201.	9,463.	9,463.	6,140.	164,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
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

2015

**Open to Public
Inspection**

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. GLOBAL IMPACT PROVIDES A CONTINUUM OF SERVICES INCLUDING: 1) INTEGRATED, PARTNER- SPECIFIC ADVISORY AND BACKBONE SERVICES; 2) CAMPAIGN DESIGN, MARKETING AND IMPLEMENTATION FOR WORKPLACE AND SIGNATURE FUNDRAISING CAMPAIGNS; AND 3) 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 THE GLOBAL IMPACT ALLIANCE INCLUDING CARE, DOCTORS WITHOUT BORDERS, HEIFER INTERNATIONAL, SAVE THE CHILDREN, THE U.S. FUND FOR UNICEF AND WORLD VISION. 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. 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 \$7

Name of the organization GLOBAL IMPACT	Employer identification number 52-1273585
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MILLION IN GROSS PLEDGES. 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 \$21.7 MILLION IN GROSS PLEDGES IN FISCAL YEAR 2016. GLOBAL IMPACT ALSO PROVIDES IMPACT FUNDS, WHICH CURRENTLY ARE BUILT AROUND TEN 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 FOUNDATION. BY LEVERAGING A BROAD AND LONG-STANDING NETWORK OF MEDIA ALLIANCES, GLOBAL IMPACT PROVIDES CHARITIES THE MEANS OF PARTICIPATING IN PRINT AND ELECTRONIC COOPERATIVE ADVERTISING CAMPAIGNS. FOR NEARLY 10 YEARS GLOBAL IMPACT HAS SERVED AS FIDUCIARY FOR DONOR ADVISED FUNDS ON BEHALF OF CORPORATE FOUNDATIONS. THROUGH THESE EFFORTS, \$3.5 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:

THE PARTNER SOLUTIONS TEAM BRINGS CUSTOMIZED CONSULTING SERVICES TO THE

Name of the organization GLOBAL IMPACT	Employer identification number 52-1273585
---	--

PRIVATE AND NON-PROFIT SECTORS INCLUDING STRATEGY, IMPLEMENTATION AND ON-GOING ORGANIZATIONAL SUPPORT. THE TEAM PROVIDES INTEGRATED, CROSS-SECTOR AND COLLABORATIVE APPROACHES ALONG A CONTINUUM OF GLOBAL RESOURCE DEVELOPMENT AND PARTNERSHIP NEEDS. MOBILIZING THE NEXUS OF PRIVATE AND NON-PROFIT SECTORS, WE CREATE STRATEGIES, LAUNCH GLOBAL CAMPAIGNS AND PROVIDE SUPPORTING MECHANISMS TO GROW RESOURCES, RESPONSIBLE BUSINESS, AND SOCIAL IMPACT. SERVICES INCLUDE RESEARCH, STRATEGY, ACTIVATION, MARKETING VISIBILITY AND EVALUATION. ADDITIONALLY, THE PARTNER SOLUTIONS TEAM HAS FOUR TURN-KEY SERVICE SUITES: FUNDRAISING STRATEGY AND CAMPAIGNS, LOCAL TO GLOBAL, STORYTELLING FOR DEVELOPMENT AND BACKBONE/FISCAL SERVICES.

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 AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. 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. INDIVIDUALLY, BOARD MEMBERS ARE PROVIDED 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 CONFLICT OF INTEREST IS EXECUTED AND SIGNED ON AN ANNUAL BASIS BY ALL MEMBERS OF THE BOARD AND STAFF. WHEN ANY EXPRESSION OF CONFLICT OF

Name of the organization GLOBAL IMPACT	Employer identification number 52-1273585
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INTEREST SEEMS EVEN REMOTELY POSSIBLE, THE PERSON(S) POTENTIALLY INVOLVED SHALL REMOVE HIMSELF/HERSELF (THEMSELVES) FROM ANY PROCESS LEADING TO RECOMMENDATIONS OR DECISION MAKING RELATING TO MATTERS IN WHICH A CONFLICT MAY EXIST.

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 OVERSEES MANAGEMENT TO CONDUCT AND PROVIDE COMPENSATION REVIEWS AND PRESENTS COMPARABLE SALARIES FOR EACH POSITION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE.

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,

Name of the organization GLOBAL IMPACT	Employer identification number 52-1273585
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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	183,305.
RACKSPACE MANAGED HOSTING P.O. BOX 730759 DALLAS, TX 75373	INTERNET HOSTING	117,297.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**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
GLOBAL IMPACT

Employer identification number
52-1273585

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

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.

(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
(1) CAMPAIGN ACCELERATOR, INC, 26-3265577 1199 N FAIRFAX ST., SUITE 300 ALEXANDRIA, VA 22314	SEE PART VII	DC	501 (C) (3)	7	SEE PART VII	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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: CAMPAIGN ACCELERATOR, INC. PROVIDES FINANCIAL AND TECHNOLOGY SERVICE AND PLATFORM TO SUPPORT CAMPAIGN FOR INCREASING THE VISIBILITY AND PROGRAMMATIC SUPPORT OF HUMANITARIAN CAUSES.

COLUMN (F) - DIRECT CONTROLLING ENTITY: GLOBAL IMPACT

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1700

▶ **File a separate application for each return.**
 ▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (8 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. GLOBAL IMPACT	Employer identification number (EIN) or 52-7275585
	Number, street, and room or suite no. If a P.O. box, see instructions. 1199 NORTH PATRICK ST, SUITE 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARK MULLIGAN, MNG DIR FINANCE

• The books are in the care of ▶ 1199 N PATRICK ST #300 ALEXANDRIA, VA 22314

Telephone No. ▶ 703 717-5200 FAX No. ▶ 703 717-5215

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (8 months for a corporation required to file Form 990-T) extension of time until 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 or
 ▶ tax year beginning 07/01 2015 and ending 06/30 2016

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

- ◆ If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- ◆ If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the due date for filing your return. See instructions.</small>	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	GLOBAL IMPACT	52-1273585
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
2199 NORTH FAIRFAX ST, SUITE 300		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
ALEXANDRIA, VA 22314		

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of 1188 N FAIRFAX ST SUITE 300 ALEXANDRIA, VA 22314
 Telephone No. 703 777-5200 Fax No. 703 777-5275

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box. If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 2017.

5 For calendar year _____, or other tax year beginning 07/01, 2015, and ending 06/30, 2016.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension DUE TO THE COMPLEXITY OF THE RETURN, ADDITIONAL TIME IS NECESSARY TO COMPILE THE INFORMATION NEEDED FOR A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *James Lindwood* Title CFA Date 02/01/2017

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

For calendar year 2015 or other tax year beginning 07/01, 2015, and ending 06/30, 2016.

2015

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year</p> <p>23,891,112.</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>GLOBAL IMPACT</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>1199 NORTH FAIRFAX ST, SUITE 300</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>ALEXANDRIA, VA 22314</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p>52-1273585</p> <p>E Unrelated business activity codes (See instructions.)</p> <p>541200</p>
--	---	--

H Describe the organization's primary unrelated business activity. ▶ FINANCE SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MARK MILLIGAN, MNG DIR-FINAN Telephone number ▶ 703-717-5200

		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10 58,883.	38,908.	19,975.
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 58,883.	38,908.	19,975.

COPY FOR
PUBLIC INSPECTION

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		22b
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		19,975.
31 Net operating loss deduction (limited to the amount on line 30)		31		19,975.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 40 b Other credits (see instructions). 40 c General business credit. Attach Form 3800 (see instructions). 40 d Credit for prior year minimum tax (attach Form 8801 or 8827). 40 e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39. 42 Other taxes. Check if from: 43 Total tax. Add lines 41 and 42 44 a Payments: A 2014 overpayment credited to 2015 44 b 2015 estimated tax payments 44 c Tax deposited with Form 8868. 44 d Foreign organizations: Tax paid or withheld at source (see instructions) 44 e Backup withholding (see instructions) 44 f Credit for small employer health insurance premiums (Attach Form 8941) 44 g Other credits and payments: 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (attach schedule) 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title PRESIDENT AND CEO May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering values on page 1.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes instructions for adding columns 5 and 10, and 6 and 11.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row.

SCHEDULE I - EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME

ATTACHMENT 1

1. <u>EXPLOITED ACTIVITY</u>	2. GROSS UNRELATED BUSINESS INCOME	3. EXPENSES DIRECTLY CONNECTED	4. NET INCOME OR (LOSS)	5. GROSS INCOME FROM ACTIVITY	6. EXPENSES ATTRIBUTABLE TO COL. 5	7. EXCESS EXEMPT EXPENSES
FINANCE SERVICES	58,883.	38,908.	19,975.			
COLUMN TOTALS	<u>58,883.</u>	<u>38,908.</u>				

FEDERAL FOOTNOTES

FORM 990-T NET OPERATING LOSS CARRYOVER SCHEDULE

TAX YEAR	ORIGINAL LOSS	AMOUNT USED 6/30/16	AMOUNT CARRIED FORWARD
06/30/14	12,120	12,120	0
06/30/15	7,956	7,855	101
TOTALS	20,076	19,975	101

Application for Extension of Time To File an Exempt Organization Return

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Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	GLOBAL IMPACT	22-1273585
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1199 NORTH FAIRFAX ST, SUITE 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALEXANDRIA, VA 22314	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARK HILLIGAN, MKG SER-FINANCE

- The books are in the care of ▶ 1199 N FAIRFAX ST #300 ALEXANDRIA, VA 22314

Telephone No. ▶ 703 717-8200 FAX No. ▶ 703 717-5215

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20__ or

▶ tax year beginning 07/01, 2015, and ending 06/30, 2016

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.