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CLIENT'S COPY

| | | EXTENDED TO AUGUST 15, Return of Organization Exempt F | | | 1 | OMB No. 1545-0047 |
|--------------------------------|-----------------------|---|------------|----------------------------|----------|---------------------------|
| Form | 990 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue | Code (exc | ept private foundat | | 2022 |
| Departme | nt of the Treasury | Do not enter social security numbers on this form as | - | | | Open to Public |
| | evenue Service | Go to www.irs.gov/Form990 for instructions and the dar year, or tax year beginning OCT 1, 2022 and e | | EP 30, 202 | 3 | Inspection |
| B Check | | of organization | anding D | D Employer ident | | on numbor |
| applic | able: | · | | | mcau | |
| | | BAL ACTION | | | | |
| Na cha | ange Doing | business as | | 84-1471 | | |
| | urn Numb | , | Room/suite | | | 0700 |
| | urn/ LO | BOX 117 | | | 28- | 8728 |
| ate | d City o | town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | | 974,753. |
| | | ATON, IL 60187 | | H(a) Is this a group | | |
| Ltior | | and address of principal officer: RICH SMITH AS C ABOVE | | for subordinat | | |
| | | X = 501(c)(3) $501(c)()$ (insert no.) $4947(a)(1)$ or | r 527 | H(b) Are all subordinates | | |
| J Web | | •GLOBALACTION • COM | | H(c) Group exempt | | See instructions |
| | | X Corporation Trust Association Other | I Year | | | ate of legal domicile: CO |
| Part | | | Lioui | | W Ou | ato or logal dormono, e e |
| | | ibe the organization's mission or most significant activities: GLOBA | AL ACT | ION IS A N | ONP | ROFIT |
| ло Ц | REĹIGI | OUS ORGANIZATION, INCORPORATED IN 1 | .998, | WHOSE PURP | OSE | IS TO |
| Governance | | | | | | |
| 8 3 | Number of \ | oting members of the governing body (Part VI, line 1a) | | | 3 | 10 |
| | Number of i | ndependent voting members of the governing body (Part VI, line 1b) | | | L I | 10 |
| Activities & | Total numbe | er of individuals employed in calendar year 2022 (Part V, line 2a) \ldots | | | 5 | 5 |
| i <u>j</u> 6 | | er of volunteers (estimate if necessary) | | | \$ | 2 |
| 7 Act | | ted business revenue from Part VIII, column (C), line 12 | | | _ | -32,007. |
| | b Net unrelate | d business taxable income from Form 990-T, Part I, line 11 | ····· | | b | 0. |
| | . | | | Prior Year | _ | Current Year 976,567. |
| 8 <u>e</u> | | is and grants (Part VIII, line 1h) | | <u>1,134,146</u> 0 | | 970,507. |
| 9 8 9 9 10 Bevenue | | vice revenue (Part VIII, line 2g) | | 2,367 | | 2,498. |
| ອ 10 ແ 11 | | ncome (Part VIII, column (A), lines 3, 4, and 7d) ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -2,356 | | -15,313. |
| 12 | | ie - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,134,157 | | 963,752. |
| 13 | | similar amounts paid (Part IX, column (A), lines 1-3) | | 186,027 | | 230,133. |
| 14 | | d to or for members (Part IX, column (A), line 4) | | 0 | | 0. |
| | | | | 315,689 | • | 292,083. |
| 15 15 16 16 Exbenses | a Professiona | er compensation, employee benefits (Part IX, column (A), lines 5-10) $_{}$ fundraising fees (Part IX, column (A), line 11e) ising expenses (Part IX, column (D), line 25)145,98 | | 0 | | 0. |
| ĝ | b Total fundra | ising expenses (Part IX, column (D), line 25) 145,98 | 39. | | | |
| ^ш 17 | Other exper | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 330,468. | | 541,898. |
| 18 | | ses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 832,184 | | 1,064,114. |
| 19 | Revenue les | s expenses. Subtract line 18 from line 12 | | 301,973 | | -100,362. |
| Net Assets or Fund Balances | | | Be | ginning of Current Yea | | End of Year |
| 20 Salar | | (Part X, line 16) | 上 | 485,550 | | 396,170. |
| 12 Ind E | | es (Part X, line 26) | | 11,952 | | 22,934. |
| ^초 군 22 | | or fund balances. Subtract line 21 from line 20 | | 473,598 | • | 373,236. |
| Part | • | re Block /, I declare that I have examined this return, including accompanying schedules | and atatam | anto and to the heat of | muler | wladge and halisf it is |
| | | te. Declaration of preparer (other than officer) is based on all information of whi | | | IIIY KII | owieuye anu bellel, il 15 |

| | | , | | - | | | | |
|-------------|--|----------------------|------|------------------------------|--|--|--|--|
| | | | | | | | | |
| Sign | Signature of officer | | | Date | | | | |
| Here | RICH SMITH, CFO | | | | | | | |
| | Type or print name and title | _ | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | | | |
| Paid | RON MARKLUND | RON MARKLUND | | /24 ^{if} p01985511 | | | | |
| Preparer | | CPA'S PC | 1 | Firm's EIN 36-2886485 | | | | |
| Use Only | Firm's address 4320 WINFIELD ROA | AD SUITE 450 | | | | | | |
| | WARRENVILLE, IL 6 | 0555-4036 | | Phone no. $630 - 665 - 4440$ | | | | |
| May the II | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |
| 232001 12-1 | 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | |

 12-13-22
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2022)

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

| | n 990 (2022) GLOBAL ACTION | 84-1471157 Page 2 |
|-----------|--|--------------------------|
| Pa | rt 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 ACTION IS A NONPROFIT RELIGIOUS ORGANIZATION, | |
| | 1998, WHOSE PURPOSE IS TO PROCLAIM THE KINGDOM OF GO | |
| | TO PEOPLE AROUND THE WORLD AND SERVE THE CHURCH BY E TRAINING, MOTIVATING, AND MOBILIZING ITS PEOPLE SO T | - |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed or prior Form 990 or 990-EZ? | 37 |
| ~ | If "Yes," describe these new services on Schedule O. | ervices? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program se If "Yes," describe these changes on Schedule O. | ····· |
| 4 | Describe the organization's program service accomplishments for each of its three largest program serv Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations revenue, if any, for each program service reported. | |
| 4a | |) (Bevenue \$ |
| 14 | GLOBAL ACTION'S TRAINING PROGRAM IS CALLED GLOMOS. | |
| | MODULE STUDIES. THE PROGRAM EQUIPS PASTORS AND LEADE | ERS, THE VAST |
| | MAJORITY OF WHOM HAVE HAD NO FORMAL BIBLICAL TRAININ | - |
| | COURSE THAT TEACHES BIBLICAL FOUNDATIONS AND LEADERS | |
| | NON-DENOMINATIONAL FRAMEWORK. THE GOAL IS MULTIPLACT | - |
| | TRANSFORMATION IN THAT THESE PASTORS AND LEADERS THE | |
| | THEIR TOWNS AND VILLAGES. COURSE ARE TAUGHT IN LATIN | |
| | EUROPE, AFRICA AND CENTRAL ASIA. | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$ GLOBAL ACTION PARTNERS WITH ORGANIZATIONS OR INDIVID REGIONAL LOCATIONS. GLOBAL ACTION PROVIDES MINISTRY | |
| | FOR EACH PARTNER AS PART OF IT'S PROGRAM SERVICES, 7 | |
| | THE PARTNER TO HIRE LOCALLY THEREBY SUPPORTING THE I | |
| | (VARIOUS PROJECT AREA) AS PART OF ITS OUTREACH. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$) |
| 10 | |) (nevenue •) |
| | | |
| | | |
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| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | , |
| | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 792,932. |) |
| <u>4e</u> | Total program service expenses 792,932. | |
| | | Form 990 (2022) |
| 23200 | ²² 12-13-22 2 | |
| 1 ~ ~ | | |

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Form 990 (2022) GLOBAL ACTION
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 | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | _ | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | | - 23 |
| 6 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 0 | | |
| ' | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| 0 | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| Ū | 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 | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| 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 | 11b | Х | |
| с | 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 | 11c | | 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 | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | 37 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | v | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | х | |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | A | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| D | 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 | 14b | х | |
| 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 | | | |
| .0 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 10 | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | 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 | 17 | | 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 | 18 | Х | |
| 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 | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 232003 | 3 12-13-22 | Form | 990 | (2022) |

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 Form 990 (2022)
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 ACTION

 Part IV
 Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------|---|----------|-----|------------|
| 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</i> "Yes," <i>complete Schedule I, Parts I and III</i> | 22 | x | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | - 22 | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | x |
| la la | Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | any tax-exempt bonds? | 24c | | |
| Ь | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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? If "Yes," complete Schedule L, Part I | 25a | | 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? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | x |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | х | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | Х | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 30 | | x |
| 31 | contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i> | 32 | | 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? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| ~~ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 26 | | x |
| 37 | <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 07 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | <u> </u> | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 2 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| C | (gambling) winnings to prize winners? | 1c | | |
| 23200 | 4 12-13-22 | | 990 | (2022) |
| | 4 | | | 、 <u> </u> |

| Form 990 | (2022 | GLOBAL ACTION | |
|----------|-------|--|----|
| Part V | St | atements Regarding Other IRS Filings and Tax Compliance (continued | d) |

| | | | Yes | No |
|---------|--|------------|-------------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 5 | | 37 | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X X | <u> </u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 10 | | x |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | |
| D | If "Yes," enter the name of the foreign country | | | |
| 52 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | • | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | | |
| a b | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 50 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| _ | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand 13c | 140 | | x |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14a 14b | | |
| р 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 140 | | <u> </u> |
| | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| - | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |
| 3200 | 5 12-13-22 | Form | 9 90 | (2022) |

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| 1 01111 330 (2022) | Form | 990 | (2022) |
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|--------------------|------|-----|--------|

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

X

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

| Sec | tion A. Governing Body and Management | | | |
|---------|---|---------|---------------|-----------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | .0 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | |
| b | ,,,, | .0 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| _ | officer, director, trustee, or key employee? | . 2 | <u> </u> | + |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | v |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | · | | X |
| 6 70 | Did the organization have members or stockholders? | . 0 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 78 | | x |
| h | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | . 10 | | |
| b | persons other than the governing body? | 71 | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | , | |
| a | The governing body? | 88 | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8 | 37 | <u> </u> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | <u> </u> |
| • | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10 | a | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | . 10 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 | a X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | . 12 | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | . 12 | 5 X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | . 12 | | |
| 13 | Did the organization have a written whistleblower policy? | | | <u> </u> |
| 14 | Did the organization have a written document retention and destruction policy? | . 14 | . X | _ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | a X | |
| a | The organization's CEO, Executive Director, or top management official | | 37 | |
| b | Other officers or key employees of the organization | . 15 | <u> </u> | |
| 16- | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 108 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable optituduring the year? | 16 | | x |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | - | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16 | . | |
| Sec | tion C. Disclosure | . 10 | <u> </u> | |
| 17 | List the states with which a copy of this Form 990 is required to be filed _AL, CA, VA, FL, AK, UT, IL, CO, N | IC,M | D | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) | | | ilable |
| | for public inspection. Indicate how you made these available. Check all that apply. | ., | ,, | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | and fir | ancial | |
| | 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 | | | |
| | CEDARSTONE HOLDINGS - 630-580-5750 | | | |
| | 209 E LIBERTY DR, WHEATON, IL 60187 | | | |
| 23200 | 5 12-13-22 | Fo | rm 99(|) (2022) |
| | 6 | | | |

2022.06000 GLOBAL ACTION

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| Part VII | Compensation of Officers, | Directors, | Trustees, | Key En | nployees, | Highest | Compensated |
|----------|---------------------------|------------|-----------|--------|-----------|---------|-------------|
| | Employees, and Independe | ent Contra | ctors | | | | |

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|--------------------------|----------------|--------------------------------|--|---------|--------------|---------------------------------|-----------|-------------------|-----------------|------------------------|
| Name and title | Average | (-1- | Position (do not check more than one box, unless person is both an | | Reportable | Reportable | Estimated | | | |
| | hours per | box | | | compensation | compensation | amount of | | | |
| | week | | cer an | nd a d | irecto | or/trus | tee) | from from related | | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | e | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | istee | truste | | e | pens | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | Jal tru | onal | | ploye | ee com | | 1099-NEC) | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) DR. LIONEL YOUNG | 40.00 | <u> </u> | = | ò | ž | 도 등 | R. | | | |
| EVP & CHIEF DEV. OFFICER | | | | x | | | | 79,392. | 0. | 30,230. |
| (2) RICHARD THOMPSON | 40.00 | | | | | | | | | |
| PRESIDENT | | 1 | | X | | | | 0. | 0. | 0. |
| (3) RICH SMITH | 10.00 | | | | | | | | | |
| CFO | | | | Х | | | | 0. | 0. | 0. |
| (4) ROBERT SMITH | 5.00 | | | | | | | | | |
| BOARD CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (5) BRIAN BANKS | 5.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (6) CAREY CASEY | 5.00 | | | | | | | | | - |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (7) STEVE DEWITT | 5.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) SCOTT DICKSON | 5.00 | | | | | | | | | |
| BOARD MEMBER | – – – – | X | | | | | | 0. | 0. | 0. |
| (9) BARRY FLUTH | 5.00 | | | | | | | | | 0 |
| BOARD MEMBER | – – – – | X | | | | | | 0. | 0. | 0. |
| (10) NIKKI GREEN | 5.00 | | | | | | | | | 0 |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (11) J.W. OLIVER | 5.00 | | | | | | | 0. | 0. | 0 |
| BOARD MEMBER | 5.00 | X | | | | | | 0. | 0. | 0. |
| (12) JEFF PETERSON | 5.00 | x | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 5.00 | ^ | | | | | | 0. | 0. | 0. |
| (13) J.P. WILSON | 5.00 | x | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | | ^ | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | - | | | | |
| | | | | | | | | | | |
| | | | - | | | - | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| 222007 12-12-22 | • | | | | | | | 1 | | Form 990 (2022) |

232007 12-13-22

| | orm 990 (2022) GLOBAL ACTION 84-1471157 Page 8 | | | | | | | | | 71157 Page 8 | | | |
|----------|--|--|--------------------------------|------------------------|-----------------|------------------------------------|---------------------------------|--------|---|--|---|--|--|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | oloy | ees, | | | ghe | st C | ompensated Employe | es (continued) | | | |
| | (A) Name and title | (B) Average hours per week | box, | not cl , unle: | heck ss pei | ition ^{more} rson i | than o is both pr/trust | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC, 1099-NEC) | compensation | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n | I, Section A | | | · · · · · · · · | | | | 79,392. 0. 79,392. eceived more than \$100 | 0. 0. 0. 30,230. | | | |
| 3 | compensation from the organization | | | | | | | | | · · · · · · · · · · · · · · · · · · · | 0 Yes No | | |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su | <i>uch individual</i> Im of reportabl | e co | ompe | ensa | ation | n anc | l otl | her compensation from | the organization | | | |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> | accrue comper | nsati | ion f | rom | any | unr | elat | ed organization or indiv | idual for services | 4 X | | |
| <u> </u> | tion B. Independent Contractors Complete this table for your five highest con the organization. Report compensation for t | • | • | | | | | | | · · | ensation from | | |
| | (A) (B) Name and business address NONE Description of services | | | | | ervices | (C) Compensation | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in \$100,000 of compensation from the organiz | • | ot lir | nite | d to | thos (| ~ | sted | l above) who received n | nore than | Form 990 (2022) | | |

232008 12-13-22

| Forr | n 99 | 0 (2 | 2022) GLOBAL ACTIO | N | | | 84-1471 | 157 Page 9 |
|---|-------|----------|---|----------------------|-----------------------------|--------------------------|-------------------------|--------------------------------|
| Pa | rt \ | / | Statement of Revenue | | | | | |
| | | | Check if Schedule O contains a response | e or note to any lin | e in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded |
| | | | | | Total revenue | function revenue | | from tax under |
| | - | | | | | | | sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | а | Federated campaigns 1a | | | | | |
| Gra | | b | Membership dues 1b | | | | | |
| Å, | | | Fundraising events 1c | 37,930. | | | | |
| iar İar | | d | Related organizations 11 | | | | | |
| Sin's, | | | Government grants (contributions) 1e | | | | | |
| e tio | | f | All other contributions, gifts, grants, and | | | | | |
| ĘĘ | | | similar amounts not included above 1f | 938,637. | | | | |
| ti pi | | g | Noncash contributions included in lines 1a-1f | | | | | |
| <u>a Ö</u> | | h | Total. Add lines 1a-1f | | 976,567. | | | |
| | | | | Business Code | | | | |
| e | 2 | а | | | | | | |
| le ri | | b | | | | | | |
| en C | | С | | | | | | |
| ran Sev | | d | | | | | | |
| Program Service Revenue | | е | | | | | | |
| ٩. | | f | All other program service revenue | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | |
| | 3 | | Investment income (including dividends, inter | rest, and | o 400 | | | o 400 |
| | | | other similar amounts) | | 2,498. | | | 2,498. |
| | 4 | | Income from investment of tax-exempt bond | proceeds | | | | |
| | 5 | | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | |
| | | b | Less: rental expenses 6b | | | | | |
| | | С | Rental income or (loss) 6c | | | | | |
| | | d | Net rental income or (loss) | | | | | |
| | 7 | а | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | |
| đ | | b | Less: cost or other basis | | | | | |
| evenue | | | and sales expenses 7b | | | | | |
| eve | | | Gain or (loss) | | | | | |
| r B | | | Net gain or (loss) | | | | | |
| Other | 8 | а | Gross income from fundraising events (not | | | | | |
| 0 | | | including \$ 37,930. of | | | | | |
| | | | contributions reported on line 1c). See | 35,995. | | | | |
| | | ۰. | Part IV, line 18 | | | | | |
| | | | | | 24,994. | | | 24,994. |
| | | | Net income or (loss) from fundraising events | | 44,334. | | | 44,334. |
| | 9 | а | Gross income from gaming activities. See | | | | | |
| | | ۲ | Part IV, line 19 9a Less: direct expenses 9t | | | | | |
| | | | Less: direct expenses 9t Net income or (loss) from gaming activities | , , | | | | |
| | 10 | | Gross sales of inventory, less returns | | | | | |
| | '' | a | and allowances 10 | | | | | |
| | | h | Less: cost of goods sold 10 | | | | | |
| | | | Net income or (loss) from sales of inventory | - | | | | |
| | | - | | Business Code | | | | |
| sno | 11 | а | PARTNERSHIP RENTAL | 531390 | -40,307. | | -32,007. | -8,300. |
| ane, nue | 1 | b | | | | | , | ., |
| ella eve | | c | | | | | | |
| Miscellaneous Revenue | | | All other revenue | | | | | |
| 2 | | | Total. Add lines 11a-11d | | -40,307. | | | |
| | 12 | | Total revenue. See instructions | | 963,752. | 0. | -32,007. | 19,192. |
| 23200 |)9 12 | 2-13 | | | | | | Form 990 (2022) |

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Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a respons | se or note to any line in | this Part IX | | X |
|----------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 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 | 4,100. | 4,100. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 12,000. | 12,000. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 214,033. | 214,033. | | |
| 4 | Benefits paid to or for members | , | | | |
| 5 | Compensation of current officers, directors, | | | | |
| 5 | trustees, and key employees | 109,622. | 76,736. | 16,443. | 16,443. |
| 6 | Compensation not included above to disqualified | 10570221 | , | 10/1100 | 10/1100 |
| 0 | persons (as defined under section 4958(f)(1)) and | | | | |
| | | 62,181. | 31,716. | 6 374 | 2/ 091 |
| - | persons described in section 4958(c)(3)(B) | 51,757. | 43,698. | 6,374. 7,883. | 24,091. 176. |
| 7 | Other salaries and wages | JI,/J/• | 45,090. | 1,005. | ±/0. |
| 8 | Pension plan accruals and contributions (include | -183. | -235. | -157. | 209. |
| - | section 401(k) and 403(b) employer contributions) | 61,447. | 43,105. | 7,989. | 10,353. |
| 9 | Other employee benefits | 01,44/. | | | 1 400 |
| 10 | Payroll taxes | 7,259. | 5,385. | 375. | 1,499. |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | Legal | 4,515. | | 4,515. | |
| | Accounting | 45,355. | | 45,355. | |
| | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 6,750. | | | <u>6,750.</u> 3,335. |
| 12 | Advertising and promotion | 3,335. | | | 3,335. |
| 13 | Office expenses | 27,773. | | 9,874. | 17,899. |
| 14 | Information technology | 2,871. | | 2,871. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 130,503. | 69,205. | 4,444. | 56,854. |
| 18 | Payments of travel or entertainment expenses | , | | , | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 9,538. | | 9,538. | |
| | | | | 5,550. | |
| 20 21 | Interest | | | | |
| 21 | Payments to affiliates Depreciation, depletion, and amortization | 7,074. | 7,074. | | |
| 22 | | 4,778. | 1,014• | 4,778. | |
| 23 | Insurance | =,//0• | | =,//0• | |
| 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | MINISTRY EXPENSES | 286,115. | 286,115. | | |
| b | STAFF DEVELOPMENT | 9,403. | | 4,911. | 4,492. |
| с | CHARITABLE REGISTRATION | 2,088. | | | 2,088. |
| d | FUNDRAISING & DEVELOPME | 1,800. | | | 1,800. |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,064,114. | 792,932. | 125,193. | 145,989. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 00001 | 0 12-13-22 | | | | Form 990 (2022) |

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GLOBAL ACTION

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|------------|-----------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or no | te to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 138,647. | 1 | 109,985. |
| | 2 | Savings and temporary cash investments | | 200,789. | 2 | 127,546. | |
| | 3 | Pledges and grants receivable, net | | | 0. | 3 | 60,000. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, subs | stantial c | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | under section 4958(f)(1)), and persons describe | | | | 6 | |
| ŝ | 7 | Notes and loans receivable, net | | F | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ř | 9 | | | | 2,001. | 9 | 1,907. |
| | 10a | Land, buildings, and equipment: cost or other | 1 1 | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 62,944. 35,905. | | | |
| | b | Less: accumulated depreciation | | 35,905. | 34,113. | 10c | 27,039. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | 110,000. | 12 | 69,693. |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 485,550. | 16 | 396,170. |
| | 17 | Accounts payable and accrued expenses | | | 11,952. | 17 | 22,934. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| es | 22 | Loans and other payables to any current or for | ner offic | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | stantial c | ontributor, or 35% | | | |
| iab | | controlled entity or family member of any of the | se perso | ons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrel | | 23 | | | |
| | 24 | Unsecured notes and loans payable to unrelate | d third p | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | ayables | to related third | | | |
| | | parties, and other liabilities not included on line | s 17-24) | . Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 11,952. | 26 | 22,934. |
| s | | Organizations that follow FASB ASC 958, ch | eck her | e X | | | |
| ЭС | | and complete lines 27, 28, 32, and 33. | | | 262 488 | | 200 051 |
| alaı | 27 | | | | 363,177. | 27 | 302,951. |
| ЧB | 28 | | | 110,421. | 28 | 70,285. | |
| ñ | | Organizations that do not follow FASB ASC 9 | 958, che | eck here | | | |
| ЪГF | | and complete lines 29 through 33. | | | | | |
| its (| 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | | F | | 31 | |
| R | 32 | Total net assets or fund balances | | ····· | 473,598. | 32 | 373,236. |
| | 33 | Total liabilities and net assets/fund balances . | | | 485,550. | 33 | 396,170. |

Form **990** (2022)

| Form | 1 990 (2022) GLOBAL ACTION | 84-14 | 71157 | Pag | ge 12 |
|------|--|-----------|------------|----------|--------------|
| Pa | rt 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 | | | 52. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,06 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -10 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 47 | 3,5 | 98. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | ~ ~ |
| | column (B)) | 10 | 37 | 3,2 | 36. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 37 | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | х | 1 |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | <u> </u> | <u> </u> |
| ~ | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | nedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | x |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 000 | <u> </u> |

Form **990** (2022)

232012 12-13-22

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

| OMB No. 1545-0047 |
|------------------------------|
| 2022 |
| Open to Public Inspection |
| |

| Name of the organization | 1 |
|--------------------------|---|
|--------------------------|---|

| ivan | ne o | ot tr | ne organization | AL ACTION | | | | | | 4-1471157 | | |
|--------|--------|--|--|-----------------------------|--|------------------|-----------------|---------------------------------|-----------------|---|---|--|
| Pa | ırt I | | Reason for Public (| | All organizations must o | omolete th | nis nart) S | ee instruction | | 4-14/113/ | | |
| | | | | | | | | | 13. | | - | |
| 1 1 | l l | | zation is not a private found A church, convention of ch | | | | | | | | | |
| 2 | | | | | | | | I)(A)(I). | | | | |
| 2 | | | A school described in sect i A hospital or a cooperative | | | | V6V4VAV; | ::) | | | | |
| 4 | | | A medical research organiz | | | | | • | Viiii) Entor | the hospital's name | | |
| 4 | L | | city, and state: | ation operated in col | rijunction with a nospita | uescribed | a in Sectio | | | the nospital s hame, | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| 5 | L | An organization operated for the benefit of a college of university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | | ٦ | | | | | | | | | | |
| - | X | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Co | - | initial part of its support i | ion a gov | erninentai | | ine general | public described in | | |
| 8 | | | A community trust describe | | (1)(A)(vi) (Complete Par | • 11) | | | | | | |
| 9 | | | An agricultural research org | | | | ad in conii | inction with a | land-grant | college | | |
| 3 | L | | or university or a non-land-g | | | | | | | | | |
| | | | university: | grant concyc or agric | | | name, en | y, and state o | r the coneg | | | |
| 10 | | | An organization that norma | Ilv receives (1) more | than 33 1/3% of its sun | port from | contributio | ns members | hin fees a | nd aross receipts from | - | |
| 10 | | | activities related to its exen | • | • | | | - | • | • | | |
| | | | income and unrelated busir | | | | | | | | | |
| | | | See section 509(a)(2). (Cor | | | | 0000 4040 | | gamzation | | | |
| 11 | | | An organization organized a | | ivelv to test for public sa | fetv. See | section 50 |)9(a)(4). | | | | |
| 12 | | | An organization organized a | - | • | • | | | arrv out the | e purposes of one or | | |
| | | | more publicly supported or | | • | - | | | - | | | |
| | | | lines 12a through 12d that | - | | | | | | | | |
| а | | | Type I. A supporting orga | | | | | | | / giving | | |
| | | | the supported organization | on(s) the power to re | gularly appoint or elect a | a majority (| of the dire | ctors or truste | ees of the s | supporting | | |
| | | | organization. You must o | omplete Part IV, Se | ections A and B. | | | | | | | |
| b | | | Type II. A supporting org | anization supervised | l or controlled in connec | tion with it | s support | ed organizatio | on(s), by ha | aving | | |
| | | | control or management o | f the supporting orga | anization vested in the s | ame perso | ons that co | ontrol or mana | age the sup | ported | | |
| | _ | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | |
| с | : | | Type III functionally inte | grated. A supporting | g organization operated | in connec | tion with, a | and functiona | Ily integrate | ed with, | | |
| | _ | | its supported organization | n(s) (see instructions | s). You must complete I | Part IV, Se | ections A, | D, and E. | | | | |
| d | ı L | | Type III non-functionally | / integrated. A supp | orting organization oper | ated in co | nnection v | vith its suppo | rted organi | ization(s) | | |
| | | | that is not functionally int | egrated. The organiz | zation generally must sat | tisfy a dist | ribution re | quirement an | d an attent | iveness | | |
| | _ | | requirement (see instruct | ions). You must con | nplete Part IV, Sections | A and D, | and Part | ۷. | | | | |
| е | Ŀ | | Check this box if the orga | anization received a v | written determination fro | m the IRS | that it is a | а Туре I, Туре | II, Type III | | | |
| | | | functionally integrated, or | r Type III non-functio | nally integrated support | ing organi: | zation. | | | | _ | |
| | | | r the number of supported o | • | | | | | | | _ | |
| g | Pr | | ide the following information | | | (iv) Is the orga | nization listed | (a) Amount of | (manage atom (| (vi) A maximum of other | - | |
| | | (1) | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount o support (see ir | - | (vi) Amount of other support (see instructions) | | |
| | | | | | above (see instructions)) | Yes | No | | | | - | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | - | |
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| Tota | al | | | | | | | | | | - | |
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Schedule A (Form 990) 2022

GLOBAL ACTION

84-1471157 Page 2

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.)

| See | ction A. Public Support | | | | | | |
|-------------|--|-----------------------|---------------------|------------------------|---------------------|--------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 720,929. | 682,958. | 771,323. | 1,134,146. | 976,567. | 4,285,923. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge \dots | | | | | | |
| 4 | Total. Add lines 1 through 3 | 720,929. | 682,958. | 771,323. | 1,134,146. | 976,567. | 4,285,923. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 264,178. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 4,021,745. |
| See | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 720,929. | 682,958. | 771,323. | 1,134,146. | 976,567. | 4,285,923. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | -64. | 364. | 144. | 2,367. | 2,498. | 5,309. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on \dots | | | | | 24,994. | 24,994. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4,316,226. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 15,995. |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax y | year as a section 5 | 501(c)(3) | |
| | organization, check this box and stop | | | | | | |
| See | ction C. Computation of Publ | ic Support Pe | rcentage | | | | 00.10 |
| | Public support percentage for 2022 (| | • | | | 14 | 93.18 % |
| | Public support percentage from 2021 | | | | | 15 | 94.95 % |
| 16 a | 33 1/3% support test - 2022. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2021. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the fact | | | - | | VI how the organiz | ation |
| | meets the facts-and-circumstances te | | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | 10% or |
| | more, and if the organization meets th | | | | | | |
| | organization meets the facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | , check this box a | | S |

Schedule A (Form 990) 2022

232022 12-09-22

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

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

| Section A. Public Support | | · · · · · · · · · · · · · · · · · · · | i | 1 | i | |
|--|----------------------------|---------------------------------------|----------------------|----------------------|------------------|----------------------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 per- formed, 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 bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization'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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 on 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 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third. | fourth, or fifth tax | vyear as a section s | 501(c)(3) organi | ization, |
| check this box and stop here | ~ | | | | | |
| Section C. Computation of Publ | | | | | | |
| 15 Public support percentage for 2022 (| line 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2021 | | | | | 16 | % |
| Section D. Computation of Inve | stment Incom | e Percentage | | | | |
| 17 Investment income percentage for 20 |)22 (line 10c, colur | nn (f), divided by l | ine 13, column (f)) |) | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2022. If the | | | | | 33 1/3%, and lii | ne 17 is not |
| more than 33 1/3%, check this box a | | | | | | |
| b 33 1/3% support tests - 2021. If the | | | | | | %, and |
| line 18 is not more than 33 1/3% , che | eck this box and st | op here. The orga | nization qualifies | as a publicly suppo | orted organizati | on |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | this box and see ins | structions | |
| 232023 12-09-22 | | | 15 | | Schedu | le A (Form 990) 2022 |
| | | | | | | |

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15 2022.06000 GLOBAL ACTION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b | Schedule A (Form 990) 2022

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | - | | |
| | | | Yes | No |

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

| 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? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

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 yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

232025 12-09-22

10160813 759574 2550

17 2022.06000 GLOBAL ACTION 3b | | Schedule A (Form 990) 2022

2a

2b

За

2550___1

Yes No

| Schedule A (I | orm 990 |) 202 |
|---------------|---------|-------|
|---------------|---------|-------|

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | |
|-------|--|-----------------------------------|--|---|--|--|--|--|
| Secti | ection D - Distributions Current Year | | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish exe | I | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | | | | | | | |
| | organizations, in excess of income from activity | 2 | 2 | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organizatior | is 3 | 3 | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | L . | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | Ę | 5 | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | 5 | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | 7 | | | | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | e | | | | | |
| | (provide details in Part VI). See instructions. | | 8 | 3 | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | ę | 9 | | | | |
| 10 | Line 8 amount divided by line 9 amount | | 10 |) | | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 | | | | |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | | | | |
| а | From 2017 | | | | | | | |
| b | From 2018 | | | | | | | |
| c | From 2019 | | | | | | | |
| d | From 2020 | | | | | | | |
| e | From 2021 | | | | | | | |
| f | Total of lines 3a through 3e | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | |
| h | Applied to 2022 distributable amount | | | | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | |
| 4 | Distributions for 2022 from Section D, | | | | | | | |
| | line 7: \$ | | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | | |
| b | Applied to 2022 distributable amount | | | | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | | |
| | Part VI. See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| | Excess from 2018 | | | | | | | |
| | Excess from 2019 | | | | | | | |
| с | Excess from 2020 | | | | | | | |
| | Excess from 2021 | | | | | | | |
| е | Excess from 2022 | | | | | | | |
| | | | | | | | | |

Schedule A (Form 990) 2022

| Part IV, S line 1; Par | mental Information. Pro ection A, lines 1, 2, 3b, 3c, 4b rt IV, Section D, lines 2 and 3; D, lines 5, 6, and 8; and Part V, ructions.) | , 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section E, lines | 11a, 11b, and 1 3 1c, 2a, 2b, 3a, | 1c; Part IV, Section E and 3b; Part V, line | 8, lines 1 and 2; Part I\ 1; Part V, Section B, lir | /, Section C, ne 1e; Part V, |
|---------------------------|--|---|--------------------------------------|--|--|---------------------------------|
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| 60012 75057 | 4 2550 | | 20 CLODAL | ACULTON | Schedule A | (Form 990) |
| 60813 75957 | 4 2550 | 2022.06000 | GLOBAL | ACTION | | 2550 |

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File ** *** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| ROBERT AND WENDY SMITH | 265,199. | 178,874 |
| BRYCE DREW | 100,000. | 13,675 |
| NIKKI GREEN | 157,954. | 71,629 |
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| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | | 264,178 |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

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| or gunzation type (one of one). | | | | | |
|---------------------------------|--|--|--|--|--|
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

GLOBAL ACTION

84-1471157

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105 | \$121,206. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | JOHNSTONE SUPPLY LEE AND JETTA KETNER 2120 SOUTHWEST 15TH STREET OKLAHOMA CITY, OK 73134 | \$ <u>56,250.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | DR. NIKKI GREEN 4221 WATERCOURSE DRIVE FORT WORTH, TX 76109-2001 | \$52,289. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | NATIONAL CHRISTIAN FOUNDATION NORTH TEXAS 4514 COLE AVE STE 1650 DALLAS, TX 75205 | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | BOB AND WENDY SMITH 3633 E OLD ADOBE LN PARADISE VALLEY, AZ 85253-7546 | \$49,916. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | VERTICAL CHURCH 225 MELOY RD WEST HAVEN, CT 06516-3035 | \$36,400. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) |
| | 22 | | |

Name of organization

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GLOBAL ACTION

84-1471157

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addi | tional space is needed. |
|--------------------------------------|---|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 7 | BETHEL CHURCH & MINISTRIES 10202 BROADWAY CROWN POINT, IN 46307-8001 | \$ |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 8 | NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DR STE 500 ALPHARETTA, GA 30009-8678 | \$ 32,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 9 | JEFF AND PAM PETERSON 3924 E LIONS ST PHOENIX, AZ 85018 | \$ 30,294. Person X Payroll Image: Complete Part II for noncash contributions.) |
| | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| | | |
| No. | Name, address, and ZIP + 4 BRIAN AND VICKEY BANKS PO BOX 720065 | Total contributions Type of contribution |
| <u>No.</u> <u>10</u> (a) | Name, address, and ZIP + 4 BRIAN AND VICKEY BANKS PO BOX 720065 OKLAHOMA CITY, OK 73172-0065 (b) | Total contributions Type of contribution |
| No. 10 (a) No. | Name, address, and ZIP + 4 BRIAN AND VICKEY BANKS PO BOX 720065 OKLAHOMA CITY, OK 73172-0065 (b) Name, address, and ZIP + 4 BARRY AND BARB FLUTH 2215 E CORTEZ DR | Total contributions Type of contribution |
| No. 10 (a) No. 11 (a) | Name, address, and ZIP + 4 BRIAN AND VICKEY BANKS PO BOX 720065 OKLAHOMA CITY, OK 73172-0065 (b) Name, address, and ZIP + 4 BARRY AND BARB FLUTH 2215 E CORTEZ DR GILBERT, AZ 85234-3874 (b) | Total contributions Type of contribution |

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Name of organization

Employer identification number

GLOBAL ACTION

84-1471157

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | Il space is needed. | |
|-------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | NATIONAL CHRISTIAN FOUNDATION SOUTHWEST PO BOX 27015 SCOTTSDALE, AZ 85255-0133 | \$23,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053 | \$22,990. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 15 | BLACKHAWK MINISTRIES 7400 E STATE BLVD FORT WAYNE, IN 46815-6502 | \$ <u>22,500.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | SCOTT AND PRISCILLA DICKSON 6602 WILDLIFE TRL GARLAND, TX 75044-3835 | \$22,400. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 17 | R.J. AND ERMELINDA KOERPER 15955 W 12TH AVE GOLDEN, CO 80401-2961 | \$20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | SUMMIT FOUNDATION103 S HARRIS STREET STE 204BRECKENRIDGE, CO 80424 | \$ <u>56,250.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| 223452 11-1 | 5-22 | | Schedule B (Form 990) (2022) |

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| Name of o | rganization | | Employer identification number |
|------------------------------|---|---|--------------------------------|
| GLOBA | L ACTION | | 84-1471157 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is neede | ed. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimat (See instructions | |
| 223453 11-15 | | - - - \$ | Schedule B (Form 990) (2022) |

25 2022.06000 GLOBAL ACTION

Page 3

| Schedule I | B (Form 990) (2022) | | Page |
|---------------------------|---|---|---|
| Name of o | rganization | | Employer identification numbe |
| GLOBA | L ACTION | | 84-1471157 |
| | | through (e) and the following line en haritable, etc., contributions of \$1,000 or | section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye |
| (a) No. | Ose duplicate copies of Part II II additional | | |
| `from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, a | (e) Transfer of gi nd ZIP + 4 | ift 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 |
| | | | |
| | Transferee's name, address, a | (e) Transfer of gi nd ZIP + 4 | ift 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 gi | |
| | Transferee's name, address, a | nd 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 gi | ift |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |

223454 11-15-22

26 2022.06000 GLOBAL ACTION Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

| (Form | 990) |
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

GLOBAL ACTION

Employer identification number 84-1471157

| Pa | t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin | | is or Accounts.Complete if the |
|-------|---|--|--|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (4) 2010: 201002 101120 | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor adv | i vised funds |
| - | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| - | for charitable purposes and not for the benefit of the donor o | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| Pa | | | |
| 1 | Purpose(s) of conservation easements held by the organizati | | , , , , , , , , , , , , , , , , , , , |
| | Preservation of land for public use (for example, recrea | | of a historically important land area |
| | Protection of natural habitat | | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the forr | n of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| | Total acreage restricted by conservation easements | | |
| с | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after July 25,2006, and not on a | |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by t | he organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | iodic monitoring, inspection, handling o | f |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing co | nservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserv | vation easements during the year |
| ' | Amount of expenses incurred in monitoring, inspecting, hand | and entoreing conserv | ation easements during the year |
| 8 | Does each conservation easement reported on line 2(d) abov | ve satisfy the requirements of section 17 | 70(h)(4)(B)(i) |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| - | balance sheet, and include, if applicable, the text of the footr | | |
| | organization's accounting for conservation easements. | C C | |
| Pa | t III Organizations Maintaining Collections of | f Art, Historical Treasures, or | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for put | blic exhibition, education, or research in | furtherance of public |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that describes these ite | ems. |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and | d balance sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in fu | therance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | (ii) Assets included in Form 990, Part X | | \$ |
| 2 | If the organization received or held works of art, historical treat | asures, or other similar assets for financ | |
| | the following amounts required to be reported under FASB A | | |
| | Revenue included on Form 990, Part VIII, line 1 | | |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | s for Form 990. | Schedule D (Form 990) 2022 |
| 23205 | 09-01-22 | | |

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| 2022.06000 | GLOBAL | ACTION |

| Sche | dule D (Form 990) 2022 GLOBAL | ACTION | | | | | | 84-14 | 7115 | 7 Ра | age 2 |
|-------|--|-----------------------|---------------|----------------|----------------|------------|-------------|-------------|-------------------|---------|--------------|
| Par | t III Organizations Maintaining C | Collections of A | rt, Hist | orical Tr | easures, (| or Othe | er Simila | ar Asse | ts (contir | nued) | |
| 3 | Using the organization's acquisition, accessi | ion, and other record | ds, check | any of the | following that | at make s | significant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | | | hange progra | | | | | | |
| b | Scholarly research | e | • 🗌 (| Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | in how th | ey further t | he organizati | ion's exe | mpt purpo | ose in Par | XIII. | | |
| 5 | During the year, did the organization solicit of | | - | | | | | | 7 | | 7 |
| Des | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | n answered | "Yes" on | Form 990 |), Part IV, | line 9, or | | |
| - | reported an amount on Form 990, Pa | | | | | | | | | | |
| та | Is the organization an agent, trustee, custod | | | | | | | | 1 v | | 1 |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII | | | | | | | ∟ | Yes | L | No |
| D | If Yes," explain the arrangement in Part XIII | and complete the id | bilowing t | able: | | | | | Amoun | ŀ | |
| ~ | Reginning balance | | | | | | 1c | | , ano an | - | |
| | Beginning balance Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| | Ending balance | | | | | | | | | | |
| | Did the organization include an amount on F | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |] |
| Par | | | | | | | | | | | |
| | • | (a) Current year | (b) Pi | rior year | (c) Two yea | rs back | (d) Three y | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | | ce (line 1o | g, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| | Permanent endowment | % | | | | | | | | | |
| С | | % | | | | | | | | | |
| - | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation tha | t are held a | nd administe | ered for t | he | | г | Yes | No |
| | organization by: | | | | | | | | 0-(1) | Tes | NU |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| h | (ii) Related organizations | | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | 30 | | |
| | t VI Land, Buildings, and Equipm | | Swinchti | | | | | | | | |
| | Complete if the organization answere | | 0, Part IV | , line 11a. S | See Form 990 | 0, Part X, | line 10. | | | | |
| | Description of property | (a) Cost or c | | | or other | | ccumulate | d | (d) Boo | k value | Э |
| | | basis (investr | ment) | basis | (other) | de | preciation | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | 0 000 | | 10 5 | | | 1 2 | <u></u> |
| | Equipment | | | | 2,200. | | 10,5 | | | 1,6 | |
| | Other | | | | 0,744. | | 25,3 | 12. | | 5,3 | |
| Total | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, colur | nn (B), line 1 | 0c.) | | | | 2 | 7,0 | 37. |

Schedule D (Form 990) 2022

| Part VII Investments - Other Securities. | | | |
|---|---|--|-----------------------|
| Complete if the organization answered "Yes" | | | |
| (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) REAL ESTATE INVESTMENT | | | |
| (B) FUND | 69,693. | COST | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | 60 602 | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 69,693. | | |
| Part VIII Investments - Program Related. | an Farma 000 Davit IV/ line : | 11a Cas Farma 000 Davit V, line 10 | |
| Complete if the organization answered "Yes" (a) Description of investment | | (c) Method of valuation: Cost or end | of yoor market yolyo |
| | (b) Book value | (c) Method of Valuation. Cost of end | -or-year market value |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| (5) | | | |
| <u>(6)</u> | | | |
| (7) | | | |
| (8) | | | |
| (9) Total. (Col. (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 | |
| | Description | | (b) Book value |
| (1) | • | | () |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | |
| 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) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 25.) | | |
| | | | |

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

232053 09-01-22

| Sche | dule D (Form 990) 2022 GLOBAL ACTION | | | 84- | 1471157 | Page 4 |
|----------------------------|---|--------------|----------------|---------|--------------|-----------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statem | ents With | Revenue per R | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 974 | ,753. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | | | | |
| b | Donated services and use of facilities | 2b | | | | |
| с | Recoveries of prior year grants | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | 11,001. | | | |
| е | Add lines 2a through 2d | | | 2e | | ,001. |
| 3 | Subtract line 2e from line 1 | | | 3 | 963 | ,752. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | | |
| b | Other (Describe in Part XIII.) | . 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | | ,752. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten | | h Expenses per | Retu | ırn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | | 44 - |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,075 | ,115. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | . 2 a | | | | |
| b | Prior year adjustments | | | | | |
| С | Other losses | | | | | |
| d | Other (Describe in Part XIII.) | . 2d | 11,001. | | | 0.04 |
| - | | | | | | |
| е | Add lines 2a through 2d | | | 2e | 11 | ,001. |
| е 3 | | | | 2e 3 | 11,064 | ,001. |
| | Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | L | 11,064 | ,001. ,114. |
| 3 | Subtract line 2e from line 1 | | | L | 11,064 | <u>,001.</u> ,114. |
| 3 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | L | 11,064 | ,114. |
| 3 4 a | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 4a 4b | | L | 1,064 | <u>,114.</u> 0. |
| 3 4 a b c 5 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4a 4b | | 3 | 11, 1,064 | <u>,114.</u> 0. |

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

PART X, LINE 2:

| THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE | | | | |
|--|--|--|--|--|
| EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE | | | | |
| CODE, AND IS EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT FOR TAXES ON | | | | |
| UNRELATED BUSINESS INCOME GENERATED FROM UNRELATED TRADE OR BUSINESS | | | | |
| ACTIVITIES. THE ORGANIZATION DID NOT HAVE UNRELATED BUSINESS INCOME FOR | | | | |
| THE YEAR ENDED SEPTEMBER 30, 2023. ACCORDINGLY, NO PROVISION FOR INCOME | | | | |
| TAX HAS BEEN ESTABLISHED. | | | | |
| | | | | |
| THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION | | | | |

AND VARIOUS STATES. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER

SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX

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30 2022.06000 GLOBAL ACTION

| Schedule D (Form 990) 2022 GLOBAL ACTION | 84-1471157 Page 5 |
|---|----------------------------|
| Part XIII Supplemental Information (continued) | |
| EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020. T | HE ORGANIZATION |
| DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TA | X BENEFITS IN THE |
| NEXT TWELVE MONTHS. | |
| | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| FUNDRAISING EXPENSES | 11,001. |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| FUNDRAISING EXPENSES | 11,001. |
| | <u> </u> |
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| 232055 00.01-22 | Schedule D (Form 990) 2022 |
| ²³²⁰⁵⁵ 09-01-22 31 160813 759574 2550 2022.06000 GLOBAL ACTION | 2550 1 |
| | |

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| SCHEDULE | F |
|------------|---|
| (Form 990) | |

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

| Go to www.irs.gov/Form990 for instructions and the latest information. |
|--|
|--|

Name of the organization

| OMB No. 1545-0047 |
|-------------------|
| 2022 |
| Open to Public |

Employer identification number

84-1471157

GLOBAL ACTION

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? X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- **3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|----------------------------------|---|---|---|---|--|
| CENTRAL AMERICA AND | | | | | |
| THE CARIBBEAN - | | | | | |
| ANTIGUA & BARBUDA, | | | | | |
| ARUBA, BAHAMAS, | 0 | 0 | PROGRAM SERVICES | PASTORAL TRAINING | 179,459. |
| SOUTH ASIA - | | | | | |
| AFGHANISTAN, | | | | | |
| BANGLADESH, BHUTAN, | | | | | |
| INDIA, MALDIVES, | 0 | 0 | GRANTS | | 69,325. |
| EUROPE (INCLUDING | | | | | |
| ICELAND & GREENLAND) | | | | | |
| - ALBANIA, ANDORRA, | | | | | |
| AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | PASTORAL TRAINING | 56,717. |
| CENTRAL AMERICA AND | | | | | |
| THE CARIBBEAN - | | | | | |
| ANTIGUA & BARBUDA, | | | | | |
| ARUBA, BAHAMAS, | 0 | 0 | GRANTS | | 24,900. |
| EUROPE (INCLUDING | | | | | |
| ICELAND & GREENLAND) | | | | | |
| - ALBANIA, ANDORRA, | | | | | |
| AUSTRIA, BELGIUM | 0 | 0 | GRANTS | | 67,917. |
| SUB-SAHARAN AFRICA - | | | | | |
| ANGOLA, BENIN, | | | | | |
| BOTSWANA, BURKINA | | | | | |
| FASO, | 0 | 0 | GRANTS | | 51,891. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 450,209. |
| b Total from continuation | | | | | |
| sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a | | | | | |
| and 3b) | 0 | 0 | | | 450,209. |

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

Schedule F (Form 990) 2022

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Page 2

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|--|--|-----------------------------|---------------------------------|--|--|---|
| | | SOUTH ASIA – AFGHANISTAN, BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | PASTORAL TRAINING | 69,325. | WIRE TRANSFER | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) - | PASTORAL TRAINING | 67.017 | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, | PASTORAL TRAINING | 67,917. | WIRE TRANSFER | | | |
| | | BENIN, BOTSWANA, BURKINA FASO, | PASTORAL TRAINING | 51,891. | WIRE TRANSFER | 0. | | |
| | | CENTRAL AMERICA | | | | | | |
| | | AND THE CARIBBEAN | PASTORAL TRAININNG | 24,900. | WIRE TRANSFER | ٥. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | inization by the IRS, | or for which the grantee | recognized as charities by the or counsel has provided a se | ction 501(c)(3) ed | quivalency letter | | | 4 |

Schedule F (Form 990) 2022

GLOBAL ACTION

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Page 3

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|--|--|---------------------------------------|---|
| | | | | | | | |
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| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|---|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i> | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2022

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Schedule F (Form 990) 2022 GLOBAL ACTION

Part V Supplemental Information

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

PART I, LINE 2:

GLOBAL ACTION REQUIRES EACH GRANT RECEIVING ORGANIZATION TO PROVIDE

MONTHLY ACCOUNTING/FINANCIAL RECORDS. REGULAR REPORTS OF COMPLETED

ACTIVITIES, ALONG WITH NAMES, PICTURES, AND VIDEO DOCUMENTATION OF KEY

ACTIVITIES (INCLUDING GRADUATION CEREMONIES AND CLASS TRAINING) ARE ALSO

SUBMITTED TO GLOBAL ACTION.

PART I, LINE 3:

ACTIVITY IS RECORDED USING MONTHLY FINANCIAL REPORTS THAT ARE SUBMITTED

AND REVIEWED BY OUR OFFICE, USING THE ACCRUAL METHOD OF ACCOUNTING.

232075 10-17-22

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36 2022.06000 GLOBAL ACTION Schedule F (Form 990) 2022

| SCHEDULE G | Suppleme | ental Information Regarding | ı Fun | drais | ing or Gaming | Acti | vities | OMB No. 1545-0047 |
|--|--|--|---|---|---|---------|---|------------------------------|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | or 19 | , or if the | 2022 |
| Department of the Treasury Internal Revenue Service | | Attach to Form 990 o | | | | | | Open to Public Inspection |
| Name of the organization | | o www.irs.gov/Form990 for instru | ctions | and t | he latest informatio | n. | Employer i | dentification number |
| | GLOBAL | ACTION | | | | | 84-147 | |
| | ing Activities | Complete if the organization answer t. | ered "\ | es" o | n Form 990, Part IV, | line 1 | 7. Form 990 | EZ filers are not |
| Indicate whether th Mail solicitat Mail solicitat Internet and Phone solicitat In person so 2 a Did the organization key employees list b If "Yes," list the 10 | e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P I highest paid indiv | sed funds through any of the followin e Solicita f Solicita g Special pr oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu | tion of tion of fundra I (inclu profess | non-g gover aising ding o sional f | overnment grants nment grants events fficers, directors, trus fundraising services? | stees | Y | es No o be |
| compensated at le | east \$5,000 by the | e organization. | | | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | fùnd have c or cor | Did raiser sustody ntrol of utions? | (iv) Gross receipts from activity | tò (o | Amount paic or retained by fundraiser ted in col. (i) | |
| | | | Yes | No | | | | |
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| | | on is registered or licensed to solicit | | oution | s or has been notified | d it is | exempt fron | registration |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

GLOBAL ACTION

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 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
|------------------------|-----|---|------------------------|---|-----------------------|---|
| | | | GOLD EVENT | GOLF EVENT | | col. (c) |
| Ð | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 27,369. | 46,556. | | 73,925. |
| | 2 | Less: Contributions | 17,616. | 20,314. | | 37,930. |
| | 3 | Gross income (line 1 minus line 2) | 9,753. | 26,242. | | 35,995. |
| | 4 | Cash prizes | | | | |
| Ś | 5 | Noncash prizes | | | | ļ |
| pense | 6 | Rent/facility costs | 8,100. | 1,776. | | 9,876. |
| Direct Expenses | 7 | Food and beverages | | 1,125. | | 1,125. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 | | | | | 11,001. |
| | 11 | Net income summary. Subtract line 10 from I | ine 3, column (d) | | | 24,994. |
| Pa | art | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1 990, Part IV, line 19, or | reported more than | |
| evenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| eve | | | | | | |

| enue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) | | | | |
|---|--|---|----------------------------|-------------------------|------------------|----------------------------|--|--|--|--|
| Revenue | 1 | Gross revenue | | | | | | | | |
| se | 2 | Cash prizes | | | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | | | | |
| Direct F | 4 | Rent/facility costs | | | | | | | | |
| | 5 | Other direct expenses | | | | | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | Yes% | Yes% | | | | | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | | | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | | | | | |
| | ls t | ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain: | ctivities in each of these | | | YesNo | | | | |
| | | | | | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | year? | Yes No | | | | |

232082 10-27-22

Schedule G (Form 990) 2022

| Schedule G (Form | n 990) 2022 GLOBAL ACTION | 84-1471157 Page 3 |
|------------------------------------|--|--|
| 11 Does the org | ganization conduct gaming activities with nonmembers? | Yes No |
| 12 Is the organiz | ization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other enti | ty formed |
| to administer | r charitable gaming? | |
| 13 Indicate the p | percentage of gaming activity conducted in: | |
| a The organiza ⁻ | ation's facility | 13 a % |
| | acility | |
| 14 Enter the nam | me and address of the person who prepares the organization's gaming/special events bool | <s and="" records:<="" td=""></s> |
| | | |
| Name | | |
| | | |
| Address | | |
| | | |
| 15a Does the org | ganization have a contract with a third party from whom the organization receives gaming re | evenue? Yes No |
| | | |
| | | and the amount |
| | evenue retained by the third party \$ | |
| c if "Yes," ente | er name and address of the third party: | |
| Nama | | |
| Name | | |
| Address | | |
| Address | | |
| 16 Gaming man | nager information: | |
| IO Gaming mana | ager information. | |
| Name | | |
| | | |
| Gaming man | nager compensation \$ | |
| | | |
| Description o | of services provided | |
| | | |
| | | |
| | | |
| Direct | tor/officer Employee Independent contractor | |
| | | |
| 17 Mandatory di | distributions: | |
| a Is the organiz | ization required under state law to make charitable distributions from the gaming proceeds | |
| retain the sta | ate gaming license? | Yes No |
| | nount of distributions required under state law to be distributed to other exempt organizatio | ns or spent in the |
| | 's own exempt activities during the tax year \$ | |
| | oplemental Information. Provide the explanations required by Part I, line 2b, column | s (iii) and (v); and Part III, lines 9, 9b, 10b, |
| 15b, | , 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | |
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| 232083 10-27-22 | | Schedule G (Form 990) 2022 |
| | 39 | |

| 232084 04-01-22 | Schedule G (Form 990) |
|-----------------|-----------------------|

10160813 759574 2550

| SCHEDU (Form 99 | | Go | rants and Oth vernments, ar | nd Individua | ls in the Ŭn | ited States | | OMB No. 1545-0047 | |
|--------------------|--|-------------------|------------------------------------|-------------------------------------|--|---|---------------------------------------|---|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | |
| | of the Treasury venue Service | | Co to your inc | Attach to Forr a.gov/Form990 for | | ation | | Open to Public Inspection | |
| | | | GO to www.irs | Sigov/Form990 for | the latest morm | auon. | | • | |
| Name of | the organization GLOBAL AC | TION | | | | | | Employer identification number $84 - 1471157$ | |
| Part I | General Information on Grants a | and Assistance | | | | | | | |
| | es the organization maintain records teria used to award the grants or ass | | | | | | sistance, and the selec | | |
| | scribe in Part IV the organization's pr | | | | | | | | |
| Part II | | Domestic Organi | zations and Domesti | c Governments. | Complete if the org | anization answered " | /es" on Form 990, Parl | : IV, line 21, for any | |
| 1 (a) | Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 Ent | ter total number of section 501(c)(3) a | and government or | ganizations listed in th | ne line 1 table | | | | | |

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

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

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. 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 noncash assistance |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| ISSION SUPPORT | 1 | 12,000. | 0. | | |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| SCHEDULE L | |
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|------------|--|

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

| омв | No. | 1545-0047 | |
|-----|-----|-----------|--|
| | | | |

22

ZU **Open To Public** Inspection

| Department of the Treasury nternal Revenue Service | 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | Open To Public Inspection | | | | | | |
|---|---|----------|------------------------|--------|-------------------|-------------------------|-------------------------------|---------------------------------|------------------------------|-------------------------|---|-------|-------|--|--|
| Name of the organization | | | | | | | | | - | r identification number | | | | | |
| Davit I - Evenes | GLOBAL | | | | | | | | | 711 | 57 | | | | |
| | | | | | | | ection 501(c)(29) orga | | | | | | | | |
| 1 | if the organizatio | | Relationship betv | | | | b, or Form 990-EZ, P | art v, I | ine 40 | JD. | (4) | Corro | cted? | | |
| (a) Name of disqua | lified person | | person and or | | | (0 | c) Description of tran | sactio | n | Yes | | | No | | |
| | | | - | - | | | | | | | | | 110 | | |
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| | <u> </u> | | | | | | | | | | | | | | |
| 2 Enter the amount of section 4958 | | | • | Ũ | | • • | 0, | | ¢ | | | | | | |
| 3 Enter the amount | | | | | | | | | | | | | | | |
| | or tax, if arry, or i | 116 2, 6 | above, reimburg | eu by | | ganization | | | Ψ | | | | | | |
| Part II Loans t | o and/or From | n Int | erested Per | sons | | | | | | | | | | | |
| Complete | if the organizatio | n ansv | vered "Yes" on | Form § | 990-EZ | , Part V, line 38a or I | Form 990, Part IV, lir | ie 26; | or if th | ne orga | anizati | on | | | |
| reported a | n amount on For | | , Part X, line 5, 6 | | | | | | | W X Å A | n rouad | | | | |
| (a) Name of interested persor | (b) Relation with organ | | (c) Purpose of loan | | an to or 1 the | (e) Original | (f) Balance due | (f) Balance due (g) In default? | | | (h) Approved by board or committee? (i) Written | | | | |
| interested persor | i with organ | Ζαιιυπ | orioan | | zation? | principal amount | | | | | nittee? | - | 1 | | |
| | | | | То | From | | | Yes | No | Yes | No | Yes | No | | |
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| Tatal | | | | | | | | | | | | | | | |
| Total Part III Grants | or Assistance | Ber | nefiting Inter | reste | d Pe | \$ rsons. | | | | | | | | | |
| | if the organizatio | | - | | | | | | | | | | | | |
| (a) Name of intere | | | b) Relationship | | | (c) Amount of | (d) Type | of | | (e |) Purp | ose o | f | | |
| | | | interested pers | son an | | assistance | assistan | | | | assista | ance | | | |
| RICH SMITH | | 0.11 | • | | | 10 00 | | | | | WOR | 77 | | | |
| RICH SMITH | | CF | 0 | | | 12,00 | 0.GRANT | | | FO | WOR | л. | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

232131 11-01-22

| Schedule L (| Form 990 |) 2022 |
|--------------|----------|--------|
|--------------|----------|--------|

| GLOBAL | ACTION |
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| | 11011010 |

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) Amount of (a) Name of interested person (d) Description of òrganization's person and the organization transaction transaction revenues? Yes No BAILEY BADA DAUGHTER OF THE CFO 62,180.COMPENSATIO Х

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BAILEY BADA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF THE CFO AND NIECE TO THE BOARD CHAIRMAN

(D) DESCRIPTION OF TRANSACTION: COMPENSATION AND BENEFITS

Schedule L (Form 990) 2022

232132 11-01-22

10160813 759574 2550

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization



GLOBAL ACTION

84-1471157

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROCLAIM THE KINGDOM OF GOD IN WORD AND DEED TO PEOPLE AROUND THE WORLD

AND SERVE THE CHURCH BY EMPOWERING, TRAINING, MOTIVATING, AND

MOBILIZING ITS PEOPLE SO THAT THEY BECOME FULLY DEVOTED FOLLOWERS OF

CHRIST.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FULLY DEVOTED FOLLOWERS OF CHRIST.

FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS:

AL, CA, VA, MD, FL, AK, UT, IL, CO, NC

FORM 990, PART VI, SECTION A, LINE 2:

THE BOARD CHAIRMAN AND THE CFO ARE BROTHERS. THE CFO DOES NOT REPORT

DIRECTLY TO A FAMILY MEMBER. THE CFO IS SERVING IN A VOLUNTARY CAPACITY.

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

THE FORM 990 WAS PREPARED BY AN INDEPENDENT CPA FIRM, THEN REVIEWED BY THE FINANCE DEPARTMENT AND PRESIDENT, BEFORE BEING EMAILED TO THE BOARD FOR

THEIR REVIEW PRIOR TO FILING WITH THE IRS.

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

DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF

INTEREST AT EACH OF THE ORGANIZATIONS QUARTERLY BOARD MEETINGS. THE

EXECUTIVE AND FINANCE TEAM MONITORS ALL TRANSACTIONS TO DETERMINE THAT THEY

 ARE IN COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. IF A

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

| Schedule O (Form 990) 2022 | Page 2 |
|---|---|
| Name of the organization GLOBAL ACTION | Employer identification number 84-1471157 |
| CONFLICT IS DETERMINED TO EXIST, INTERESTED PARTIES ARE R | EQUIRED TO EXCUSE |
| THEMSELVES FROM THE DISCUSSIONS AND ANY FOLLOWING VOTE OF | THE BOARD. |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZAT | ION'S PRESIDENT, |
| AND ANY OTHER CORPORATE OFFICERS, INCLUDES A REVIEW OF CO | MPARABILITY DATA. |
| RECOMMENDATIONS ARE MADE BY BOARD MEMBERS AND ARE APPROVE | D BY THE FULL |
| BOARD OF DIRECTORS. ALL VOTING MEMBERS ARE INDEPENDENT AN | D RESULTS ARE |
| DOCUMENTED IN THE MINUTES. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| CONSULTING FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 6,750. |
| TOTAL EXPENSES | 6,750. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 6,750. |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE FINANCE & AUDIT COMMITTEE OF THE BOARD IS RESPONSIBLE | FOR OVERSIGHT |
| OF THE REVIEW PROCESS AND SELECTION OF THE INDEPENDENT AC | COUNTING FIRM |
| USED. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. | |
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232212 10-28-22

10160813 759574 2550

Schedule O (Form 990) 2022

Page **2**

| SCH | IEDULE R |
|----------|----------|
| / | |

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

22

Open to Public Inspection

84-1471157

Employer identification number

Name of the organization

GLOBAL ACTION

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

| (a) | (b) | (c) | (d) | (e) | (f) |
|---|-----------------------------|--------------------------|--------------|--------------------|--------------------|
| Name, address, and EIN (if applicable) | Primary activity | Legal domicile (state or | Total income | End-of-year assets | Direct controlling |
| of disregarded entity | | foreign country) | | | entity |
| | TO DROGLATH AND DROKOTE THE | | | | |
| GLOBAL ACTION FOUNDATION COSTA RICA | TO PROCLAIM AND PROMOTE THE | | | | |
| PUNTARENA-OSA BALLENA, UVITA, | WORD OF GOD, TO EMPOWER THE | | | | |
| 150 METERS N OF ROOMS AND POOL MAC, COSTA | CHRISTIAN CHURCH | COSTA RICA | ٥. | 0. | GLOBAL ACTION |
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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 | (f) Direct controlling entity | contr | g) 512(b)(13) rolled ity? |
|--|--------------------------------|--|--------------------------------------|--|--|-------|---|
| | | | | 501(c)(3)) | | Yes | No |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 GLOBAL ACTION 84-1471157 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 Part III organizations treated as a partnership during the tax year. (a) (b) (d) (e) (f) (i) (j) (k) (c) (g) (h) Legal General or Percentage Name, address, and EIN Primary activity Direct controlling Predominant income Share of total Share of Code V-UBI Disproportionate domicile (related, unrelated, managing of related organization end-of-year amount in box entity income ownership (state or allocations? 20 of Schedule K-1 (Form 1065) Yes No partner? excluded from tax under assets foreign sections 512-514) country) Yes No 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 Part IV organizations treated as a corporation or trust during the tax year. (f) (i) Section (a) (b) (c) (d) (e) (g) (h) Percentage ownership Name, address, and EIN Primary activity Legal domicile Direct controlling Type of entity Share of total Share of 512(b)(13) (C corp, S corp, of related organization (state or entity income end-of-year controlled entity? foreign or trust) assets country) Yes

No

Schedule R (Form 990) 2022 GLOBAL ACTION

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. | | | | | | | | | |
|---|--|----|--|--|--|--|--|--|--|
| 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? | | | | | | | | | |
| 1 | | | | | | | | | |
| | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) | | | | | | | | |
| b | b Gift, grant, or capital contribution to related organization(s) | | | | | | | | |
| С | c Gift, grant, or capital contribution from related organization(s) | | | | | | | | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | | | | | | |
| е | Loans or loan guarantees by related organization(s) | 1e | | | | | | | |
| | | | | | | | | | |
| f | Dividends from related organization(s) | 1f | | | | | | | |
| g | Sale of assets to related organization(s) | 1g | | | | | | | |
| h | Purchase of assets from related organization(s) | 1h | | | | | | | |
| i | i Exchange of assets with related organization(s) | | | | | | | | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | |
| | | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | | | | | | |
| 1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | | | | | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | | | | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | | | | | | |
| | Sharing of paid employees with related organization(s) | 10 | | | | | | | |
| | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | | | | | | |
| | Reimbursement paid by related organization(s) for expenses | 1q | | | | | | | |
| - | | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | | | | | | |
| s Other transfer of cash or property from related organization(s) | | | | | | | | | |
| 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 |
|-------------|-------------------------------------|---|-------------------------------|--|
| <u>(1)</u> | | | | |
| (2) | | | | |
| <u>(3)</u> | | | | |
| <u>(</u> 4) | | | | |
| <u>(5)</u> | | | | |
| (6) | | 10 | | |

Schedule R (Form 990) 2022 GLOBAL ACTION

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 a partners 501(c) orgs. |) all s sec.)(3) .? | (f) Share of total income | (g) Share of end-of-year assets | () Dispr tior alloca | n) opor- iate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Gener mana partn | al or F ging er? | (k) Percentage ownership |
|--|--------------------------------|---|---|---|----------------------------------|---|---|-------------------------------|-------------------------------|---|-------------------------------|------------------------|---------------------------------------|
| | | | 30000113 3 12 3 14) | Yes I | No | | | Yes | No | (101111003) | Yes | NO | |
| | | | | | | | | | | | | | |
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Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME AND ADDRESS OF DISREGARDED ENTITY:

GLOBAL ACTION FOUNDATION COSTA RICA

PUNTARENA-OSA BALLENA, UVITA,

150 METERS N OF ROOMS AND POOL MAC, COSTA RICA

232165 09-14-22

10160813 759574 2550

51 2022.06000 GLOBAL ACTION Schedule R (Form 990) 2022

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

| Name GLOBAL ACTION | Employer Identification Number 84–1471157 |
|--|---|
| Based on the information provided with this return, the following are possible carryover amounts to next year. | |
| FEDERAL POST-2017 NET OPERATING LOSS - RENTAL REAL | ESTATE 32,007 |
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219341 04-01-22

| Name: | GLOBAL ACTION | N | | | | | | | | FEIN: | 84-1471157 |
|--------------------------------------|--|-------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Type Section | Type and Entity: RENTAL REAL ESTATE POST-2017 NOL F DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover | | | | | | | | | | |
| Year Origi- nated | Original Carryover Amount | Total Amount Used | Amount Used for |
| 3 C | 52,007 | • | | | | | | | | | |
| A 2022 B C C F G H | | | | | | | | | | | |
| F G H | | | | | | | | | | | |
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| Q R | | | | | | | | | | | |
| S T | | | | | | | | | | | |
| V W | | | | | | | | | | | |
| Detail Type | E Amount S Used for B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A B | | | | | | | | | | | |
| D E | | | | | | | | | | | |
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| Г | | | | | | | | | | | |
| V W | | | | | | | | | | | |
| | | 1 | 1 | I | 1 | 51.2 | 1 | | 1 | 1 | 1 |

212571 04-01-22

| Form 990-T | Exempt Organization Business Income Tax | Return | OMB No. 1545-0047 |
|--|--|------------|--|
| | (and proxy tax under section 6033(e)) | | 2000 |
| | For calendar year 2022 or other tax year beginning $\underbrace{OCT\ 1}_{}$, $\underbrace{2022}_{}$, and ending $\underbrace{\mathtt{SEP}}_{}$ | | 2022 |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form990T for instructions and the latest informa Do not enter SSN numbers on this form as it may be made public if your organization is | | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if address changed. | Name of organization (Check box if name changed and see instructions.) | DEm | ployer identification number |
| B Exempt under section | Print GLOBAL ACTION | | 84-1471157 |
| X 501(c)(3) | or Number, street, and room or suite no. If a P.O. box, see instructions. | | oup exemption number e instructions) |
| 408(e) 220(e) | Type PO BOX 117 | (00 | |
| 408A 530(a) | City or town, state or province, country, and ZIP or foreign postal code | | |
| 529(a) 529A | WHEATON, IL 60187 | F L | Check box if |
| | C Book value of all assets at end of year | | an amended return. |
| G Check organization | | trust Stat | e college/university |
| H Check if filing only to | | | |
| | organization filing a consolidated return with a 501(c)(2) titleholding corporation | | <u></u> |
| | attached Schedules A (Form 990-T) | | |
| • • • | was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlle | d group? | Yes X No |
| | ame and identifying number of the parent corporation. | | |
| L The books are in car | | umber 630 | -580-5750 |
| | elated Business Taxable Income | | |
| | business taxable income computed from all unrelated trades or businesses (see | | 0. |
| | | | - |
| | | | |
| 3 Add lines 1 and 2 | | | |
| | utions (see instructions for limitation rules) | | 0. |
| | siness taxable income before net operating losses. Subtract line 4 from line 3 | | _ |
| | operating loss. See instructions | 6 | |
| | business taxable income before specific deduction and section 199A deduction. | | |
| Subtract line 6 fro | | | |
| | n (generally \$1,000, but see instructions for exceptions) | | 1,000. |
| | 99A deduction. See instructions | | 1,000. |
| | Add lines 8 and 9 | | 1,000. |
| •• | ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | 0. |
| Part II Tax Com | nutation | 11 | 0. |
| | | | 0. |
| - | cable as corporations. Multiply Part I, line 11 by 21% (0.21) | | 0. |
| | trust rates. See instructions for tax computation. Income tax on the amount on | | |
| Part I, line 11 from | | | |
| 3 Proxy tax. See ins | | | _ |
| 4 Other tax amounts | | | |
| | im tax (trusts only) | | |
| • | iant facility income. See instructions | _ | 0. |
| | through 6 to line 1 or 2, whichever applies | ······ / | Form 990-T (2022) |
| | | | 10111 000 1 (2022) |

223701 01-16-23

| | 90-7 (2022) | | | Pa | age 2 |
|------|---|------------|----------|-----|--------------|
| Part | III Tax and Payments | | | | |
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a | | | | |
| b | Other credits (see instructions) 1b | | | | |
| с | General business credit. Attach Form 3800 (see instructions) | | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | | | |
| е | Total credits. Add lines 1a through 1d | 1e | | | |
| 2 | Subtract line 1e from Part II, line 7 | 2 | | | 0. |
| 3 | Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 | | | | |
| | Other (attach statement) | 3 | | | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). | | | | |
| | section 1294. Enter tax amount here | 4 | | | 0. |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | | 0. |
| 6a | Payments: A 2021 overpayment credited to 2022 | | | | |
| b | 2022 estimated tax payments. Check if section 643(g) election applies 6b | | | | |
| с | Tax deposited with Form 8868 | | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 6d | | | | |
| е | Backup withholding (see instructions) 6e | | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | | | | |
| g | Other credits, adjustments, and payments: Form 2439 | | | | |
| | Form 4136 Other Total 6g | | | | |
| 7 | Total payments. Add lines 6a through 6g | 7 | | | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 8 | | | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | | | |
| 11 | Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded | 11 | | | |
| Part | IV Statements Regarding Certain Activities and Other Information (see instructions) | | | | |
| 1 | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority | , | <u>\</u> | ′es | No |
| | 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 | | | | _X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a | | | | |
| | foreign trust? | | L | | _X |
| | 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 \$ | | | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL ca | rryover | L | | |
| | shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Pa | rt I, line | 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduc | e | | | |
| | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instruction | S. | | | |
| | Business Activity Code Available post-2017 NOL of | arryov | er | | |
| | \$ | | | | |
| | \$ | | | | |
| 6a | Did the organization change its method of accounting? (see instructions) | | L | | X |
| b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," | | | | |
| | explain in Part V | | | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| Sign | 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. | | | | | | | | |
|---------------|--|---|----------------------|-----------------------|------|-----------|-------|--|--|
| Here | | | CFO | | | | the p | May the IRS discuss this return with the preparer shown below (see | |
| | Signature of officer | Signature of officer | | Date Title | | | instr | uctions)? X Yes No | |
| | Print/Type prepare | er's name | Preparer's signature | | Date | Check | if | PTIN | |
| Paid | | | | | | self- emp | oyed | | |
| Preparer | , RON MARKI | RON MARKLUND | | RON MARKLUND 08/13/24 | | | | P01985511 | |
| Use Only | | DUGAN & LOPA | TKA, CPA'S PC | | | Firm's El | N | 36-2886485 | |
| | | 4320 WINFI | ELD ROAD SU | LD ROAD SUITE 450 | | | | | |
| | Firm's address | Firm's address WARRENVILLE, IL 60555-4036 | | | | | | 80-665-4440 | |
| 223711 01-16- | -23 | | | | | | | Form 990-T (2022) | |
| | | | | 54 | | | | | |
| | | | | | | | | | |

2022.06000 GLOBAL ACTION

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

c

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2022

OMB No. 1545-0047

1

| Open to Public Inspection fo |
|------------------------------|
| 501(c)(3) Organizations Only |

1

| Α | Name of the organization | | | | | | |
|---|--------------------------|--------|--|--|--|--|--|
| | GLOBAL | ACTION | | | | | |
| | | | | | | | |

Unrelated business activity code (see instructions) С

532000

Describe the unrelated trade or business **RENTAL REAL ESTATE**

| Pa | t I Unrelated Trade or Business Income | (B) Expenses | (C) Net | | |
|----|--|--------------|----------|----|----------|
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances c Balance | 1c | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form | | | | |
| | 1120)). See instructions | 4a | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | |
| с | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) STATEMENT 1 | 5 | -32,007. | | |
| 6 | Rent income (Part IV) | 6 | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Part VI) | 8 | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | |
| | organizations (Part VII) | 9 | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 | Advertising income (Part IX) | 11 | | | |
| 12 | Other income (see instructions; attach statement) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | -32,007. | | -32,007. |
| | TII Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in | ncome | e | | -1 |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | |
| 2 | Salaries and wages | | | | |
| 3 | Repairs and maintenance | | | | |
| 4 | Bad debts | | | | |
| 5 | Interest (attach statement). See instructions | | | | |
| 6 | Taxes and licenses | | | | |
| 7 | Depreciation (attach Form 4562). See instructions | | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | - | 81 | |
| 9 | Depletion | | | | |

| For Paperwork Reduction Act Notice, see instructions. | Schedu | ile A (Form 990-T) 2022 |
|---|--------|-------------------------|
| Unrelated business taxable income. Subtract line 17 from line 16 | . 18 | -32,007. |
| Deduction for net operating loss. See instructions | 17 | 0. |
| column (C) | 16 | -32,007. |
| Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, | | |
| Total deductions. Add lines 1 through 14 | 15 | 0. |
| Other deductions (attach statement) | 14 | |
| Excess readership costs (Part IX) | 13 | |

Contributions to deferred compensation plans Employee benefit programs

Excess exempt expenses (Part VIII)

B Employer identification number 84-1471157

10

11

12

D Sequence:

1

of

10160813 759574 2550

10

11

12

13

14

15 16

17 18

LHA

| Part | ıle A (Form 990-T) 2022 | | | | Page |
|--|--|---|--|-----------------|--------|
| | III Cost of Goods Sold Enter meth | nod of inventory valua | tion | | |
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | 2 | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter h | | | | Yes |
| 9 Part | Do the rules of section 263A (with respect to property) Rent Income (From Real Property and | | | | |
| 1 | · · · · | • | - | | |
| • | Description of property (property street address, city, s | alate, ZIP Code). Chec | k li a dual-use. See liist | ructions. | |
| | в 🗆 | | | | |
| | c 🗆 | | | | |
| | ▶ | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | 5 | | | |
| ے a | From personal property (if the percentage of | | | | |
| u | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| - | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) | | | | |
| с | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | | | |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | tor boro and on Part I | e and on Part I, line 6, c | | 0 |
| 5 | in lines 2(a) and 2(b) (attach statement) | e instructions) | , line 6, column (B) | | 0 |
| 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A B C | e instructions) | , line 6, column (B) | | 0 |
| 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A B | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 | in lines 2(a) and 2(b) (attach statement) | e instructions) | , line 6, column (B) | | 0 0 |
| 5 Part | in lines 2(a) and 2(b) (attach statement) | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 | in lines 2(a) and 2(b) (attach statement) | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 2 3 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of B | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 2 3 a | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of B | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 2 3 a | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 20art 1 2 3 a b c 4 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, a B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 Part 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, a B C C C C C C C C C C C C C C C C C C | e instructions) city, state, ZIP code). | , line 6, column (B) Check if a dual-use. Se | e instructions. | |
| 5 20art 1 2 3 a b c 4 5 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, a B C C C C C C C C C C C C C C C C C C | e instructions) city, state, ZIP code). A | line 6, column (B) Check if a dual-use. Se B | e instructions. | D |
| 5 20art 1 2 3 a b c 4 5 6 | in lines 2(a) and 2(b) (attach statement) | e instructions) city, state, ZIP code). | line 6, column (B) Check if a dual-use. Se B | e instructions. | |
| 5 20art 1 2 3 a b c 4 5 | in lines 2(a) and 2(b) (attach statement) | A | B B 6 9 9 9 9 9 9 9 9 9 | e instructions. | D |
| 5 20art 1 2 3 a b c 4 5 6 7 | in lines 2(a) and 2(b) (attach statement) | A | B B 6 9 9 9 9 9 9 9 9 9 | e instructions. | D |
| 5 2 1 2 3 a b c 4 5 6 7 | in lines 2(a) and 2(b) (attach statement) | A | B B 6 9 9 9 9 9 9 9 9 9 | e instructions. | D |
| 5 20art 1 2 3 a b c 4 5 6 7 8 9 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6 | ee instructions) city, state, ZIP code). A A Enter here and on Pa ough D. Enter here and | B B Art I, line 7, column (A) | e instructions. | D |
| 5 20art 1 2 3 a b c 4 5 6 7 8 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | ee instructions) city, state, ZIP code). A A Enter here and on Pa ough D. Enter here and | B B Art I, line 7, column (A) | e instructions. | D |

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56 2022.06000 GLOBAL ACTION

| Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) 1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 6. Deductions directly connected with income in column 5 (1) 4. Total of specified its included in the controlling organizations 6. Deductions directly connected with income in column 5 (2) 9. Total of specified income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organizations 11. Deductions directly connected with income in column 10 (1) 9. Total of specified (see instructions) 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1) 9. Total of specified (see instructions) 10. Part of column 4 11. Deductions directly connected with income in column 10 (1) 9. Total of specified (see instructions) 10. Enter here and on Part 1, line 8, column (A) Add columns 5 and 10. Enter here and on Part 1, line 8, column (A) (4) 10. Description of income | Schedu | ule A (Form 990-T) 2022 | uition D | ovaltion and D | onto fro | m Contro | | raonizatio | DO /- | | | | Page 3 |
|---|--------|-------------------------|-------------|-----------------|---|------------------------|---------------------------------|-----------------|--|--------------------|--------------------------|-------|--|
| 1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 that is included in the connected with income in column 5 (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (4) (3) (4) < | Part | vi interest, Annu | illies, R | oyanies, and R | | m Contro | | - | | | | | |
| (1) Image: construction of income Image: construction of income Image: construction of income (2) Image: construction of income Section 501(C)(7), (9), or (17) Organization of income Image: construction of income (3) Image: construction of income Section 501(C)(7), (9), or (17) Organization of income Image: construction of income Add columns 5 and 10. Enter here and on Part I, line 8, column (B) (1) Image: column of income Image: column of income Image: column of income Image: column of income (2) Image: column of income (1) Image: column of income Image: column of inco | | | | identification | income (loss) pa | | 4. Tota | al of specified | 5. Part of column 4 that is included in the controlling organiza- | | mn 4 in the aniza- | | connected with |
| (2) Image: Controlled Organizations (3) Image: Controlled Organizations (4) Image: Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 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 (1) Image: Column (Column 2) (see instructions) Add columns 5 and 10. Add columns 5 and 10. Add columns 6 and 11. (3) Image: Column (A) (see instructions) 0. 0. 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions directly connected (attach statement) 5. Total deductions and set-asides (add columns 3 and 4) (1) Image: Column (A) (set instructions) 3. Deductions directly connected (attach statement) 5. Total deductions and set-asides (add colus 3 and 4) (1) Image: Column (A) (set instructions) 5. Total deductions and set-asides (add colus 3 and 4) | (1) | | | | | | | | | <u> </u> | | | |
| (3) Nonexempt Controlled Organizations (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 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 (1) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (B) Add columns 6 and 11. Enter here and on Part I, line 8, column (B) Totals 0. 0. 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization income 3. Deductions circctly connected (attach statement) 5. Total deductions (add cols 3 and 4) (1) 2. Amount of income 3. Deductions (attach statement) 5. Total deductions (add cols 3 and 4) | - | | | | | | | | | | | | |
| Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 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 (1) | | | | | | | | | | | | | |
| 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 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 (1) | (4) | | | | | | | | | | | | |
| income (loss) (see instructions) payments made that is included in the controlling organization's gross income connected with income in column 10 (1) | | | | No | nexempt C | Controlled O | rganizati | ions | | | | | |
| (1) | 7 | income (loss) | | | ayments made that is included in the controlling organization's | | in the zation's | connected with | | | | | |
| (2) (3) (4) (4) (4) (4) (5) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (B) Totals 0. 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 4. Set-asides (attach statement) 5. Total deductions and set-asides (attach statement) 1. Description of income 2. Amount of income 3. Deductions (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) 1 1 1 1 (2) 1 1 1 1 (3) 1 1 1 1 | (1) | | | | | | | | | | | | |
| (3) | - | | | | | | | | | | | | |
| Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (B) Totals 0. 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) (1) (1) (1) (1) (1) (1) (3) (1) (1) (1) (1) (1) (1) | | | | | | | | | | | | | |
| Totals Enter here and on Part I, line 8, column (A) Enter here and on Part I, line 8, column (B) Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. 0. 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (add cols 3 and 4) 5. Total deductions and set-asides (add cols 3 and 4) (1) (1) (2) | (4) | | | | | | | | | | | | |
| Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) (2) (2) (2) (2) (2) (2) (3) (3) (4) (4) (4) | | | | | | | | Enter here | and or | n Part I, 1 (A) | | er he | ere and on Part I, 8, column (B) |
| 1. Description of income2. Amount of income3. Deductions directly connected (attach statement)5. Total deductions and set-asides (add cols 3 and 4)(1)(1)(1)(1)(1)(1)(1)(2)(2)(2)(2)(2)(2)(2)(3)(2)(2)(2)(2)(2)(2) | | | | | | | | | | ÷ - | | | 0. |
| incomeof bottlesterdirectly connected (attach statement)and set-asides (add cols 3 and 4)(1)(1)(2)(2)(3)(2) | Part | | | | 01(c)(7), | | | | | | | | |
| (2) (2) (3) (3) | | 1. Desc | cription of | income | | | | directly conn | ected | | | ′ I | and set-asides |
| (3) | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | |
| (4) | | | | | | | | | | | | | |
| Add amounts in Add amounts in | (4) | | | | | Add amo | unto in | | | | | | Add amounta in |
| column 2. Enter here and on Part I, line 9, column (A)column 5. Enter here and on Part I, line 9, column (B) | | | | | | column 2 here and o | . Enter n Part I, ımn (A) | | | | | | column 5. Enter here and on Part I, line 9, column (B) |
| Totals 0. 0. Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 0. | | VIII Explaited E | vomnt / | Notivity Incomo | Othor | Thon Adv | ••• | | (: | - 4 | | | 0. |
| 1 Description of exploited activity: | | Exploited E | | | , other | | CI (1511 | ig income | see in | structions | | | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 | | • • | • • | | inces Entr | or horo and c | n Part I | lino 10 colun | an (A) | | 2 | | |
| Solution of the first fir | - | | | | | | | | | | ~ | | |
| | Ŭ | | | | | | | | | | 3 | | |
| Ine 10, column (B) 3 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete | 4 | | | | | | | | | | – | | |
| lines 5 through 7 | • | | | | | | | | | | 4 | | |
| 5 Gross income from activity that is not unrelated business income 5 | 5 | • | | | | | | | | | | | |
| 6 Expenses attributable to income entered on line 5 | | | | | | | | | | | | | |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line | | | | | | | | | | | | | |
| 4. Enter here and on Part II, line 12 | | | | | | | | | | <u></u> | 7 | | |

Schedule A (Form 990-T) 2022

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| Cohod | ula A (Farm 000 T) 2022 | | | | L Dage 4 |
|----------------------|--|---|-----------------|------------------|--------------------|
| Part | ule A (Form 990-T) 2022 IX Advertising Income | | | | Page 4 |
| 1 | Name(s) of periodical(s). Check box if reporti | ing two or more periodicals on a con | solidated basis | 6. | |
| | A | | | | |
| | в | | | | |
| | c | | | | |
| | D | | | | |
| Enter a | amounts for each periodical listed above in the | e corresponding column. | | | |
| _ | | A | В | C | D |
| 2 | Gross advertising income | | | | 0. |
| | Add columns A through D. Enter here and or | n Part I, line 11, column (A) | | | |
| a | | | | | |
| 3 | Direct advertising costs by periodical | | | | 0. |
| а | Add columns A through D. Enter here and or | п Part I, III е 11, сощини (В) | | | |
| 4 | Advertising gain (loss). Subtract line 3 from li | ine | | | |
| - | 2. For any column in line 4 showing a gain, | | | | |
| | complete lines 5 through 8. For any column i | in | | | |
| | line 4 showing a loss or zero, do not complete | | | | |
| | lines 5 through 7, and enter zero on line 8 | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is le | ess | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain | on | | | |
| | line 4, enter the lesser of line 4 or line 7 \dots | | | | |
| а | Add line 8, columns A through D. Enter the g | greater of the line 8a, columns total o | or zero here an | d on | |
| | Part II, line 13 | • • • • | | | 0. |
| Part | X Compensation of Officers, D | Irectors, and Trustees (see in | nstructions) | | 1.0 |
| | 4 Norre | 0.731- | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| (1) | | | | to business % | unrelated business |
| <u>(1)</u> (2) | | | | % | |
| | | | | % | |
| <u>(3)</u> | | | | | |
| | | | | | |
| (4) | | | | % | |
| | . Enter here and on Part II. line 1 | | | | 0. |
| (4) Total Part | . Enter here and on Part II, line 1 XI Supplemental Information (sc | ee instructions) | | | 0. |
| Total | | ee instructions) | | | 0. |
| Total | | ee instructions) | | | 0. |
| Total | | ee instructions) | | | 0. |
| Total | | ee instructions) | | | 0. |
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| Total | | ee instructions) | | | 0. |
| Total | | ee instructions) | | | 0. |

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Schedule A (Form 990-T) 2022

| FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 1 |
|---|-------------------------|
| DESCRIPTION | NET INCOME OR (LOSS) |
| BCG DOMAIN, LLC - NET RENTAL REAL ESTATE INCOME | -32,007. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | -32,007. |