

EXTENDED TO AUGUST 15, 2019

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017Open to Public
Inspection**A** For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

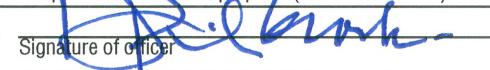
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization GLOBAL VOLUNTEERS		D Employer identification number 36-3352680
	Doing business as		E Telephone number 800-487-1074
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,276,216.
	375 EAST LITTLE CANADA ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55117		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: BURNHAM PHILBROOK, JD SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: WWW.GLOBALVOLUNTEERS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1984 M State of legal domicile: MN			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HELP CREATE A FOUNDATION FOR WORLD PEACE THROUGH MUTUAL INTERNATIONAL UNDERSTANDING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,817,610.	3,276,216.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,817,610.	3,276,216.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,231,332.	1,189,406.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 164,100.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,458,123.	1,484,789.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,689,455.	2,674,195.
	19 Revenue less expenses. Subtract line 18 from line 12	128,155.	602,021.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	392,070.	994,212.
	22 Net assets or fund balances. Subtract line 21 from line 20	113,968.	71,689.
		278,102.	922,523.

Part II Signature Block

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

Sign Here	Signature of officer 		Date 9-12-19	
	BURNHAM PHILBROOK, JD, PRESIDENT AND CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
	LINDA M. NELSON, CPA	LINDA M. NELSON, CPA	04/03/19	<input type="checkbox"/>
	Firm's name ▶ OLSEN THIELEN & CO., LTD	Firm's EIN ▶ 41-1360831		
	Firm's address ▶ 2675 LONG LAKE ROAD ST. PAUL, MN 55113	Phone no. 651-483-4521		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:
**TO ENCOURAGE AND ENABLE VOLUNTEERS TO SPEND SHORT PERIODS OF TIME
 WORKING WITH AND LEARNING FROM AND ABOUT LOCAL PEOPLE IN COMMUNITIES
 THROUGHOUT THE WORLD.**

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

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

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

4a (Code:) (Expenses \$ **2,301,678.** including grants of \$) (Revenue \$)
**BELOW DATA ARE NOT EXHAUSTIVE, BUT PROVIDE HIGHLIGHTS OF GLOBAL
 VOLUNTEERS SERVICE ACCOMPLISHMENTS IN VARIOUS COUNTRIES DURING FY18.**

UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS:

**GOAL: END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND
 PROMOTE SUSTAINABLE AGRICULTURE:**

- PROVIDED NUTRITIONAL CARE TO 424 CHILDREN
- PROVIDED NUTRITIONAL TRAINING TO 143 MOTHERS.

GOAL: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES:

**-VOLUNTEER PROFESSIONALS CONDUCTED INTERACTIVE WORKSHOPS FOR 252
 PREGNANT WOMEN, THOSE WHO MAY BECOME PREGNANT AND PARENTS OF CHILDREN**

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

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

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

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

4e Total program service expenses **2,301,678.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 29		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a 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	X	
c 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		
e 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		
h 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 sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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.			
a 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14			
b Enter the number of voting members included in line 1a, above, who are independent		12		
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		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section 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?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in 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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
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 The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
BURNHAM PHILBROOK - 651-407-6100
375 E LITTLE CANADA ROAD, ST. PAUL, MN 55117

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BURNHAM PHILBROOK, JD PRESIDENT, CEO	40.00	X		X				110,000.	0.	0.
(2) MICHELE GRAN SENIOR VICE PRESIDENT	40.00	X		X				85,071.	0.	19,608.
(3) SUE LAXDAL SECRETARY, TRUSTEE, DIRECTOR	5.00	X		X				0.	0.	0.
(4) JAMES GORSKI TREASURER, DIRECTOR	5.00	X		X				0.	0.	0.
(5) SAM HANSON TRUSTEE	5.00	X						0.	0.	0.
(6) TODD LEFKO TRUSTEE	5.00	X						0.	0.	0.
(7) CAROL CONZELMAN DIRECTOR (THRU APRIL 2018)	5.00	X						0.	0.	0.
(8) PAM GRIFFIN DIRECTOR	5.00	X						0.	0.	0.
(9) KEITH KRESGE DIRECTOR	5.00	X						0.	0.	0.
(10) MELINDA LULL DIRECTOR (BEGINNING APRIL 2018)	5.00	X						0.	0.	0.
(11) JOSEPH DUNN DIRECTOR	5.00	X						0.	0.	0.
(12) EVETTE MORROW DIRECTOR (THRU JULY 2018)	5.00	X						0.	0.	0.
(13) PETER NEIMAN DIRECTOR	5.00	X						0.	0.	0.
(14) RUTH CURRAN DIRECTOR	5.00	X						0.	0.	0.
(15) BARBARA MORRIS DIRECTOR	5.00	X						0.	0.	0.
(16) DEBORAH POLLARD DIRECTOR (BEGINNING AUGUST 2018)	5.00	X						0.	0.	0.
(17) MELINDA STAVELEY DIRECTOR (BEGINNING AUGUST 2018)	5.00	X						0.	0.	0.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,276,216.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	▶ 3,276,216.					
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			▶			
	4 Income from investment of tax-exempt bond proceeds			▶			
	5 Royalties			▶			
			(i) Real	(ii) Personal			
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		▶				
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)		▶				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
	b Less: direct expenses		b				
	c Net income or (loss) from fundraising events		▶				
	9 a Gross income from gaming activities. See Part IV, line 19		a				
	b Less: direct expenses		b				
c Net income or (loss) from gaming activities		▶					
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory		▶					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			▶				
12 Total revenue. See instructions.			▶ 3,276,216.		0.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	215,446.	165,893.	28,008.	21,545.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	832,596.	641,098.	108,238.	83,260.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	70,324.	54,150.	9,142.	7,032.
10 Payroll taxes	71,040.	56,122.	7,814.	7,104.
11 Fees for services (non-employees):				
a Management				
b Legal	1,281.		1,281.	
c Accounting	20,750.	9,130.	9,960.	1,660.
d Lobbying				
e 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. O.)	740.	326.	355.	59.
12 Advertising and promotion	39,151.	38,759.		392.
13 Office expenses	84,803.	66,583.	13,980.	4,240.
14 Information technology	39,828.	33,854.	3,983.	1,991.
15 Royalties				
16 Occupancy	55,200.	44,160.	8,280.	2,760.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,358.	32,286.	4,036.	4,036.
23 Insurance	62,803.	47,730.	11,933.	3,140.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SERVICE EXPENSE	655,884.	655,884.		
b CONTRIBUTIONS/PROJECT S	424,672.	424,672.		
c DEVELOPMENT	33,605.	30,581.	1,344.	1,680.
d FUNDRAISING	25,144.			25,144.
e All other expenses	570.	450.	63.	57.
25 Total functional expenses. Add lines 1 through 24e	2,674,195.	2,301,678.	208,417.	164,100.
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)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	15,266.	2	274,937.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,371.	4	10,799.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,257.	8	17,956.
	9 Prepaid expenses and deferred charges	63,896.	9	60,212.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 829,869.		
	b Less: accumulated depreciation	10b 199,561.	10c	630,308.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	392,070.	16	994,212.	
Liabilities	17 Accounts payable and accrued expenses	92,657.	17	71,689.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	21,311.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	113,968.	26	71,689.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	118,482.	27	617,970.
	28 Temporarily restricted net assets	159,620.	28	304,553.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	278,102.	33	922,523.
	34 Total liabilities and net assets/fund balances	392,070.	34	994,212.

Part XI Reconciliation of Net AssetsCheck 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	3,276,216.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,674,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	602,021.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	278,102.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	42,400.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	922,523.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,632,020.	2,472,590.	2,636,691.	2,817,610.	2,239,594.	12,798,505.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	2,632,020.	2,472,590.	2,636,691.	2,817,610.	2,239,594.	12,798,505.
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)						
6 Public support. Subtract line 5 from line 4.						12,798,505.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2,632,020.	2,472,590.	2,636,691.	2,817,610.	2,239,594.	12,798,505.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	58.					58.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		4,043.				4,043.
11 Total support. Add lines 7 through 10						12,802,606.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
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.		Yes	No
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
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.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

NET INCOME FROM FUNDRAISING EVENT

2014 AMOUNT: \$ 4,043.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017**Name of the organization**

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

Organization type(check one):**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization	Employer identification number
GLOBAL VOLUNTEERS	36-3352680

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 1,036,622.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

36-3352680

Part II

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization GLOBAL VOLUNTEERS	Employer identification number 36-3352680
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

OMB No. 1545-0047

2017**Open to Public Inspection****Name of the organization**

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		103,815.	67,150.	36,665.
d Equipment		726,054.	132,411.	593,643.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				630,308.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" 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 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,324,202.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	47,986.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	47,986.
3	Subtract line 2e from line 1	3	3,276,216.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,276,216.

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

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

1	Total expenses and losses per audited financial statements	1	2,679,781.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,586.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,586.
3	Subtract line 2e from line 1	3	2,674,195.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,674,195.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS.

THE ORGANIZATION REVIEWS INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS TO DETERMINE IF THERE ARE ANY INCOME TAX UNCERTAINTIES. THIS INCLUDES POSITIONS THAT THE ENTITY IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION RECOGNIZES TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

Part XIII Supplemental Information *(continued)*

POSITIONS. THE ORGANIZATION HAS IDENTIFIED NO SIGNIFICANT INCOME TAX
UNCERTAINTIES. THE ORGANIZATION FILES INFORMATION RETURNS AS A TAX-EXEMPT
ORGANIZATION. SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS
SINCE INCEPTION ARE SUBJECT TO REVIEW BY THE IRS.

**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.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No****2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	9	5	PROGRAM SERVICES	VOLUNTEERS TEACH CONVERSATIONAL ENGLISH TO ALL AGES; SERVICE PROJECTS INCLUDE CARING	120,832.
EAST ASIA AND THE PACIFIC	4	3	PROGRAM SERVICES	VOLUNTEERS WITH PROFESSIONAL BACKGROUNDS IN ECONOMICS, LAW, BUSINESS, & FINANCE	100,767.
SUB-SAHARAN AFRICA	3	29	PROGRAM SERVICES	VOLUNTEERS HELP PARENTS & COMMUNITY MEMBERS DELIVER THE 12 ESSENTIAL SERVICES PRESCRIBED BY	672,033.
CENTRAL AMERICA AND THE CARIBBEAN	4	3	PROGRAM SERVICES	VOLUNTEERS WORK IN THE COMMUNITY GARDEN, HELP WITH MAINTENANCE ON THE COMMUNITY CENTER, ASSIST	197,385.
NORTH AMERICA	1	0	PROGRAM SERVICES	VOLUNTEERS TUTOR UNIVERSITY STUDENTS IN ENGLISH.	15,712.
SOUTH AMERICA	3	3	PROGRAM SERVICES	VOLUNTEERS NURTURE AND PROVIDE CARE TO ABANDONED AND AT-RISK CHILDREN, ASSIST WITH	80,600.
3 a Sub-total	24	43			1,187,329.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	24	43			1,187,329.

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

Schedule F (Form 990) 2017

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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)
			EUROPE		0.			PROJECT TRANSPORTATION, EDUCATION/TEACHING MATERIALS & FMV	
			SUB-SAHARAN AFRICA		0.			MATERIALS AND SUPPLIES TO SUPPORT THE REACHING FMV	
			EAST ASIA		0.			MATERIALS AND TRANSPORT FOR PROJECTS, SCHOLARSHIPS/SCHO FMV	
			SOUTH AMERICA		0.			PROJECT TRANSPORTATION, MATERIALS FOR LABOR PROJECTS, FMV	
			CENTRAL AMERICA AND THE CARIBBEAN		0.			MATERIALS AND TRANSPORT FOR LABOR PROJECTS, SEWING MACHINE, FMV	

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

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (H) DESCRIPTIONS

Schedule F (Form 990) 2017

(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)

Part IV Foreign Forms

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

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 VOLUNTEERS' STAFF AND VOLUNTEERS ARE ACTIVELY INVOLVED IN THE PROJECTS SUPPORTED IN FOREIGN COUNTRIES. GV PROVIDES MATERIALS AND SERVICES TO COMMUNITY-BASED ORGANIZATIONS, AND KEEPS WRITTEN RECORDS OF THE GENERAL ASSISTANCE AND SPECIFIC MATERIALS PROVIDED. ELIGIBILITY IS BASED ON THE ACTIVITIES WE HAVE BEEN ASKED TO CONDUCT IN THE COMMUNITY; SELECTION CRITERIA IS NEED BASED, BUT WHERE WE WORK, VIRTUALLY ALL ARE IN NEED.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS TEACH CONVERSATIONAL ENGLISH TO ALL AGES; SERVICE PROJECTS INCLUDE CARING FOR AT-RISK INFANTS AND TODDLERS.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS WITH PROFESSIONAL BACKGROUNDS IN ECONOMICS, LAW, BUSINESS, & FINANCE OFFER LECTURES IN THOSE AREAS IN PARTNER UNIVERSITIES. VOLUNTEERS TEACH ENGLISH, MATH, IT; ASSIST WITH SOCIAL SERVICES IN MULTIPLE SETTINGS.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS HELP PARENTS & COMMUNITY MEMBERS DELIVER THE 12 ESSENTIAL SERVICES PRESCRIBED BY UN AGENCIES SO THAT CHILD STUNTING CAN BE ELIMINATED & ALL CHILDREN CAN REACH THEIR FULL POTENTIAL. VOLUNTEER PROFESSIONALS CONDUCT INTERACTIVE WORKSHOPS WITH PREGNANT WOMEN, PARENTS OF CHILDREN TWO YEARS & YOUNGER &

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.

WOMEN OF CHILDBEARING AGE, ACCOMPANY THE RCP CAREGIVERS ON THEIR WEEKLY HOME VISITS, DEMONSTRATE PROPER HAND WASHING WITH SOAP & WATER, HELP ASSEMBLE HOUSEHOLD HAND WASHING STATIONS SO PARENTS CAN ENSURE THEY & THEIR CHILDREN HAVE ACCESS TO APPROPRIATE HYGIENE, ASSIST WITH EARLY CHILDHOOD EDUCATION FOR THREE TO SIX-YEAR-OLDS TO HELP THEM GET READY FOR PRIMARY & SECONDARY SCHOOL, TEACH/TUTOR ENGLISH, MATH, SCIENCE, & HEALTH AT THE PRIMARY SCHOOL, TEACH/TUTOR SECONDARY SCHOOL STUDENTS IN ENGLISH, MATH, BIOLOGY, CHEMISTRY, PHYSICS, & PHYSICAL GEOGRAPHY & HELP REPAIR CLASSROOMS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS WORK IN THE COMMUNITY GARDEN, HELP WITH MAINTENANCE ON THE COMMUNITY CENTER, ASSIST WITH LOCAL SEWING PROJECTS, WORK ON A CLEAN DRINKING WATER PROJECT, AND ASSIST AT A LOCAL POTTERY COOPERATIVE.

VOLUNTEERS HELP RENOVATE COMMUNITY BUILDINGS, TEACH/TUTOR MATH, READING, SCIENCE, COMPUTER LITERACY & CONVERSATIONAL ENGLISH, LANDSCAPE PUBLIC SPACES, ESTABLISH SCHOOL & HOUSEHOLD GARDENS, PROVIDE PUBLIC HEALTH EDUCATION & PSYCHOSOCIAL SUPPORT, ASSIST NEW MOTHERS & THEIR INFANTS & TODDLERS THROUGH THE CAREGIVER PROGRAM. ASSIST AT A WOMEN'S COOPERATIVES, PAINT CLASSROOMS, & IMPROVE ECOTOURISM.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS NURTURE AND PROVIDE CARE TO ABANDONED AND AT-RISK CHILDREN, ASSIST WITH FACILITY MAINTENANCE TUTOR UNIVERSITY STUDENTS IN ENGLISH, AND WORK WITH A COMMUNITY CENTER. VOLUNTEERS ALSO ASSIST AT A WOMEN'S COOPERATIVES PROVIDING DAY CARE TO

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.

YOUNG CHILDREN.

PART II, COLUMN (H):

REGION: EUROPE

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROJECT TRANSPORTATION,
EDUCATION/TEACHING MATERIALS & EQUIPMENT, SCHOLARSHIPS FOR STUDENTS TO
ATTEND ENGLISH CAMP

REGION: SUB-SAHARAN AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MATIERALS AND SUPPLIES TO
SUPPORT THE REACHING CHILDREN'S POTENTIAL PROGRAM AS A WHOLE. INCLUDING
MATERIALS AND SUPPLIES FOR WORKSHOPS FOR MOTHERS AND FAMILIES, HOME
VISITS, HANDWASHING STATIONS, SCHOOLS, CONVERSATIONAL ENGLISH CAMPS,
CONTAINER GARDENS; MEDICINES, MEDICAL EQUIPMENT AND SUPPLIES FOR THE
HEALTH CLINIC. ALSO MATERIALS FOR PAINTING A COMMUNITY CHURCH AND
CLASSROOMS, TRANSPORTATION TO AND FROM PROJECT SITES, SCHOLARSHIPS FOR
SECONDARY SCHOOL STUDENTS, PORRIDGE AND SUGAR FOR FAMILIES,
MICRONUTRIENTS FOR FAMILIES

REGION: EAST ASIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS AND TRANSPORT FOR
PROJECTS, SCHOLARSHIPS/SCHOOL FEES AND LODGING FOR STUDENTS

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROJECT TRANSPORTATION,
MATIERALS FOR LABOR PROJECTS, SCHOOL/CLASSROOM SUPPLIES, MATERIALS FOR
GARDEN BOXES,

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.

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS AND TRANSPORT FOR
LABOR PROJECTS, SEWING MACHINE, CONVERSATIONAL ENGLISH SUPPLIES,
MATERIALS FOR GARDEN BOXES, SCHOOL MATERIALS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
B. PHILBROOK, M. GRAN	OFFICERS, DIRECTORS	55,200.	OFFICE RENT		X
JAKE PHILBROOK	SON OF B PHILBROOK	34,936.	WAGES & BEN		X
ANDREW PHILBROOK	SON OF B PHILBROOK	15,193.	WAGES		X

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: JAKE PHILBROOK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF B PHILBROOK & M GRAN

(D) DESCRIPTION OF TRANSACTION: WAGES & BENEFITS PAID

(A) NAME OF PERSON: ANDREW PHILBROOK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF B PHILBROOK & M GRAN

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TWO YEARS AND YOUNGER. THESE WORKSHOPS PROVIDED KNOWLEDGE AND

APPROPRIATE TECHNOLOGY NECESSARY SO PARENTS CAN ENSURE THE HEALTH AND

WELL-BEING OF THEIR INFANTS AND TODDLERS. WORKSHOPS WERE PRESENTED ON A

VARIETY OF TOPICS RELATED TO FOOD, NUTRITION, AND DISEASE PREVENTION,

E.G., STAYING HEALTHY DURING PREGNANCY, BREASTFEEDING, GROWING FRUITS

AND VEGETABLES, PREPARING NUTRITIOUS MEALS, WASHING HANDS WITH SOAP AND

WATER, ETC.

-VOLUNTEER PROFESSIONALS PROVIDED MEDICAL SERVICES AT THE HEALTH

CLINIC TO 125 PATIENTS PER WEEK.

-PROVIDED \$18,962 FOR SALARIES OF MEDICAL STAFF AT THE CLINIC.

-BUILT OVER 250 HANDWASHING STATIONS AND PROVIDED SOAP TO FAMILIES,

DISPENSARIES AND SCHOOLS.

-PROVIDED \$ 45,071 FOR CHILDCARE WORKER SALARIES

-PROVIDED 6,386 HOURS OF CHILDCARE TO 489 POOR CHILDREN.

GOAL: ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE

LIFELONG LEARNING OPPORTUNITIES FOR ALL

- PROVIDED 230 HOURS OF ENGLISH INSTRUCTION TO 49 TEACHERS

- PRESENTED 13,711 HOURS OF ENGLISH INSTRUCTION TO 10,334 STUDENTS

- PROVIDED 2009 HOURS OF MATH, SCIENCE, AND SOCIAL SCIENCE

INSTRUCTION TO 962 STUDENTS.

- SUPPLIED OVER 100 BOOKS

OTHER ACCOMPLISHMENTS:

Name of the organization

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

CONTINUED AND EXPANDED TO AN ADDITIONAL VILLAGE THE REACHING CHILDREN'S POTENTIAL (RCP) DEMONSTRATION PROGRAM IN TANZANIA (LAUNCHED IN JULY, 2017). IN AUGUST, 2018, WE OPENED A STATE-OF-THE-ART HEALTH CLINIC (FOCUSED ON MATERNAL AND CHILD HEALTH CARE) IN THE VILLAGE OF IPALAMWA IN UKWEGA WARD, KILOLO DISTRICT. THIS HEALTH CLINIC, SITUATED IN A MOST REMOTE VILLAGE, HAS STATE-OF-THE-ART MEDICAL EQUIPMENT, INCLUDING AN INCUBATOR, BIRTHING TABLE, ULTRASOUND, ORAL SURGERY CHAIR, LED SURGERY LIGHTS, INFANT WARMER, FETAL MONITOR, STAINLESS STEEL SINKS AND CABINETS, DEFIBRILLATOR, AUTOCLAVE, 4 EXAMINATION TABLES, 4 HOSPITAL BEDS, CRASH CART, A WIDE ARRAY OF MEDICINES AND SUPPLIES, AND MORE. IT IS STAFFED BY TWO DOCTORS, THREE NURSES, A LAB TECHNOLOGIST AND A PHARMACIST.

RCP IS A CHILD-FOCUSED, PARENT/CHILDCARE PROVIDER DIRECTED, COMPREHENSIVE EFFORT INTENDED TO ENABLE CHILDREN TO REACH THEIR FULL POTENTIAL. THE PROGRAM BEGINS WITH PREGNANCY, CONTINUES THROUGH THE 18TH BIRTHDAY AND EMPHASIZES THE FIRST 1000 DAYS. THE OBJECTIVES ARE (A) TO ELIMINATE STUNTING IN RURAL TANZANIAN VILLAGES BY ENSURING THAT PREGNANT WOMEN AND THEIR CHILDREN HAVE SUFFICIENT FOOD, NUTRITION, AND PROTECTION FROM INFECTIOUS DISEASE, AND (B) TO ENSURE QUALITY EDUCATION FOR ALL CHILDREN. THE RCP PROGRAM IS BASED ON 12 ESSENTIAL SERVICES EXTRACTED FROM THE UNITED NATIONS' "THE ESSENTIAL PACKAGE".

THE TANZANIA RCP DEMONSTRATION PROGRAM IS A PARTNERSHIPS BETWEEN THE ELCT-IRD AND GLOBAL VOLUNTEERS, IN COLLABORATION WITH THE TANZANIA MINISTRY OF HEALTH, CHILDREN AND COMMUNITY DEVELOPMENT, THE IRINGA REGIONAL GOVERNMENT AND LOCAL VILLAGE LEADERS. THE RCP DEMONSTRATION PROGRAM IS INTENDED TO SHOW THAT SHORT-TERM VOLUNTEERS, WHEN WORKING UNDER THE DIRECTION OF LOCAL LEADERS AND HAND-IN-HAND WITH LOCAL

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PEOPLE, OFFER VITAL RESOURCES NECESSARY FOR CHILDREN TO REACH THEIR
FULL POTENTIAL.

ERADICATING HUNGER:

VOLUNTEERS PROVIDED NUMEROUS HOURS OF SERVICE IN THE AREAS OF GARDENING
AND NUTRITION:

- INTRODUCED CONTAINER GARDEN TECHNOLOGY TO DEVELOPING COMMUNITIES;
- PROVIDED CONTAINER GARDEN SUPPLIES
- TAUGHT PARENTS, STUDENTS AND SCHOOL STAFF ABOUT NUTRITION, HEALTHY
EATING HABITS AND THE VALUE OF DIFFERENT FOODS TO IMPROVE THE HEALTH OF
MICRONUTRIENT-DEFICIENT CHILDREN;
- DEMONSTRATED EFFECTIVE FOOD PREPARATION AND COOKING METHODS;
- TAUGHT NUTRITIONAL VALUES TO IMPROVE THE HEALTH OF
MICRONUTRIENT-DEFICIENT CHILDREN.

IMPROVING HEALTH:

VOLUNTEERS PROVIDED NUMEROUS HOURS OF SERVICE IN PUBLIC HEALTH
EDUCATION:

- FIRST AID TRAINING;
- HEALTH AND DENTAL HYGIENE EDUCATION;
- CARE AND SUPPORT FOR ELDERLY;
- HOME HEALTH SCREENINGS;
- SPECIAL EDUCATION SUPPORT;
- SPEECH LANGUAGE THERAPY;
- PSYCHOLOGICAL ASSESSMENTS AND COUNSELING.
- INFORMATIONAL CAMPAIGNS ON HAND WASHING WITH SOAP AND WATER:
- INCREASED STUDENTS' AWARENESS OF THE BENEFITS OF USING SOAP;
- DEMONSTRATED THE SCIENTIFIC EVIDENCE THAT WASHING HANDS WITH SOAP

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IS A SUCCESSFUL AND COST-EFFECTIVE HEALTH INTERVENTION,

- EXPLAINED GERM THEORY OF DISEASE TO FACILITATE A BETTER

UNDERSTANDING OF HOW TO PREVENT INFECTIOUS DISEASE;

- TAUGHT SECONDARY SCHOOL STUDENTS ABOUT HIV/AIDS AND STDs

PREVENTION,

- ASSISTED LOCAL HEALTH CENTERS WITH:

DIABETES PREVENTION,

CHILDREN'S EYE EXAMS,

PHYSICAL EXAMS

ENHANCING COGNITIVE ABILITY:

VOLUNTEERS PROVIDED NUMEROUS HOURS OF SERVICE IN THE AREAS OF GENERAL

EDUCATION AND PSYCHOSOCIAL SUPPORT:

- TAUGHT/TUTORED CONVERSATIONAL ENGLISH, MATH, SCIENCE, COMPUTER

LITERACY, GEOGRAPHY, GARDENING, HEALTH, NUTRITION AND HYGIENE;

- REPAIRED AND MAINTAINED CLASSROOMS, DORMITORIES, LIBRARIES,

COMPUTER LABS, PRESCHOOLS AND BATHROOMS;

- CONSTRUCTED PLAYGROUNDS;

- DEMONSTRATED THAT WOMEN AND MEN CAN PERFORM ANY JOB, AND CAN BE

SUCCESSFUL IN ANY CAREER;

- OFFERED CHILDREN LOVE, NURTURING, AND AFFECTION;

- PROVIDED CHILDREN SOCIAL STIMULATION AND SUPPORT.

- ENCOURAGED SCHOOLS TO HAVE A POSITIVE, CARING ENVIRONMENT.

- SUPPORTED PARENTAL AND COMMUNITY INVOLVEMENT IN LOCAL SCHOOLS.

- DISCOURAGED ALL FORMS OF PHYSICAL PUNISHMENT.

OTHER MONETARY DONATIONS:

- PROVIDED NUMEROUS MATERIAL DONATIONS, AS WELL AS FUNDS FOR THE

Name of the organization	Employer identification number
GLOBAL VOLUNTEERS	36-3352680

PURCHASE OF GOODS LOCALLY, IN SUPPORT OF COMMUNITY DEVELOPMENT GOALS.

SUCH DONATIONS INCLUDED:

HAND TOOLS AND SAFETY GEAR;

MEDICAL EQUIPMENT AND MEDICATIONS;

BABY CARE PRODUCTS FOR DAYCARE CENTER;

TOYS FOR CHILDREN;

SCHOOL SUPPLIES FOR STUDENTS

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ST. LUCIA ISLAND, PERU, ECUADOR, POLAND,

COOK ISLANDS, COSTA RICA, CHINA, GREECE,

ROMANIA, TANZANIA

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

THE ORGANIZATION'S PRESIDENT, BURNHAM PHILBROOK, AND THE ORGANIZATION'S SENIOR VICE PRESIDENT, MICHELE GRAN, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS 5 STOCKHOLDERS, ALL OF WHOM ARE TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7A:

THERE ARE FIVE STOCKHOLDERS, EACH OF WHOM HAS THE RIGHT TO CUMULATE HIS OR HER VOTES IN THE ELECTION OF DIRECTORS PURSUANT TO THE PROVISIONS CONTAINED IN MINNESOTA STATUTES SECTION 317A. 215 AND ACCORDING TO THE PROCESS DEFINED IN MINNESOTA STATUTES SECTION 302A. 215. HOWEVER, THE CONSISTENT PRACTICE OVER THE PAST NEARLY 20 YEARS HAS BEEN TO ELECT DIRECTORS BY UNANIMOUS CONSENT OF ALL THE STOCKHOLDERS.

Name of the organization

GLOBAL VOLUNTEERS

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FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEES ARE ADVISORY TO THE BOARD OF DIRECTORS AND ANY COMMITTEE

RECOMMENDED ACTION ADOPTED BY THE GOVERNING BODY ARE DOCUMENTED IN THE

MINUTES OF THE GOVERNING BODY.

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

FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AND SUBMITTED TO THE

BOARD OF DIRECTORS FOR ITS REVIEW AND APPROVAL.

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

WE EMPLOY THE HONOR SYSTEM WHEREBY OFFICERS, DIRECTORS AND TRUSTEES ARE

REQUIRED TO DISCLOSE. HOWEVER, GIVEN THE SIZE OF THE ORGANIZATION IT IS

UNLIKELY THAT SOMEONE WOULD HAVE A CONFLICT OF INTEREST THAT WOULD NOT

OTHERWISE COME TO THE ATTENTION OF ONE OF THE OTHER OFFICERS, DIRECTORS OR

TRUSTEES OR ONE OF THE STAFF.

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

THE BOARD OF DIRECTORS DETERMINES AND APPROVES COMPENSATION AND BENEFITS

FOR THE CEO AND OTHER OFFICERS OF THE ORGANIZATION. THE BOARD REVIEWS THE

MOST RECENT EDITION OF THE MINNESOTA COUNCIL OF NONPROFITS COMPENSATION

SURVEY, CONSIDERS FEDERAL ESTIMATES OF COST OF LIVING INCREASES/DECREASES,

AND TAKES INTO ACCOUNT BOTH CORPORATE AND INDIVIDUAL PERFORMANCE. IN PAST

YEARS THIS ANALYSIS HAS BEEN DONE EITHER BY THE FULL BOARD OR A BOARD

APPOINTED COMMITTEE. THIS PROCESS OCCURS WHENEVER ANY OFFICER'S

COMPENSATION IS MODIFIED OR PROPOSED TO BE MODIFIED. IT IS NOTED THAT

OFFICERS WHO ARE ALSO DIRECTORS PHYSICALLY REMOVE THEMSELVES FROM THE BOARD

OF DIRECTORS MEETING DURING THE DISCUSSION AND ARE NOT PRESENT DURING ANY

VOTE RELATING TO THEIR COMPENSATION. IT IS ALSO NOTED THAT OTHER THAN

Name of the organization	Employer identification number
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HEALTH INSURANCE, THE LAST TIME ANY OFFICER'S COMPENSATION WAS MODIFIED WAS IN 2010.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY OVERSIGHT OF THE FINANCIAL REPORTING PROCESS. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.