

Lethert, Skwira, Schultz & Co. LLP  
170 7th Pl E Ste 100  
Saint Paul, MN 55101-2361

Global Volunteers  
375 East Little Canada Road  
St Paul, MN 55117

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **10/01/23**, and ending **09/30/24**

**36-3352680**

### GLOBAL VOLUNTEERS

<b>Net Asset / Fund Balance at Beginning of Year</b>	<b><u>623,866</u></b>
<b>Revenue</b>	
Contributions	<b><u>3,319,366</u></b>
Program service revenue	<u> </u>
Investment income	<b><u>613</u></b>
Capital gain / loss	<u> </u>
Fundraising / Gaming:	
Gross revenue	<u> </u>
Direct expenses	<u> </u>
Net income	<u> </u>
Other income	<b><u>406,837</u></b>
<b>Total revenue</b>	<b><u>3,726,816</u></b>
<b>Expenses</b>	
Program services	<b><u>3,279,860</u></b>
Management and general	<b><u>333,841</u></b>
Fundraising	<b><u>273,791</u></b>
<b>Total expenses</b>	<b><u>3,887,492</u></b>
<b>Excess / (deficit)</b>	<b><u>-160,676</u></b>
Changes	<u> </u>
<b>Net Asset / Fund Balance at End of Year</b>	<b><u>463,190</u></b>

#### Reconciliation of Revenue

Total revenue per financial statements	<b><u>3,726,816</u></b>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
<b>Total revenue per return</b>	<b><u>3,726,816</u></b>

#### Reconciliation of Expenses

Total expenses per financial statements	<b><u>3,887,492</u></b>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
<b>Total expenses per return</b>	<b><u>3,887,492</u></b>

#### Balance Sheet

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<b><u>1,413,187</u></b>	<b><u>1,604,543</u></b>	
Liabilities	<b><u>789,321</u></b>	<b><u>1,141,353</u></b>	
Net assets	<b><u>623,866</u></b>	<b><u>463,190</u></b>	<b><u>-160,676</u></b>

#### Miscellaneous Information

Amended return	<u> </u>
Return / extended due date	<b><u>08/15/25</u></b>
Failure to file penalty	<u> </u>

Form 114a  Department of the Treasury Financial Crimes Enforcement Network (FinCEN)  May 2015		<b>Record of Authorization to Electronically File FBARs</b> (See instructions below for completion)  <u>Do not send to FinCEN. Retain this form for your records.</u> The form 114a may be digitally signed	
FINANCIAL CRIMES  ENFORCEMENT NETWORK			
<b>Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)</b>			
1. Owner last name or entity's legal name  <b>GLOBAL VOLUNTEERS</b>		2. Owner first name  3. Owner M. I.	
4. Spouse last name (if jointly filing FBAR - see instructions below)		5. Spouse first name  6. Spouse M. I.	
<p>I/we declare that I/we have provided information concerning <u>6</u> (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, <u>2023</u> to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.</p>			
7. Owner signature (Authorized representative if entity)		8. Date <b>08/13/2025</b> MM DD YYYY	9. Owner or entity TIN <b>36-3352680</b>
11. Spouse signature		12. Date MM DD YYYY	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
13. Spouse TIN		14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign	15. Preparer last name  <b>AGREY</b>
16. Preparer first name  <b>ANGIE</b>		17. Preparer M.I.  <b>M</b>	18. Preparer PTIN  <b>P01345037</b>
19. Address  <b>170 7TH PL E STE 100</b>		20. City  <b>SAINT PAUL</b>	21. State  <b>MN</b>
23. Country code  <b>US</b>	24. Preparer's (item 15) employer's (Entity) name  <b>LETHERT, SKWIRA, SCHULTZ &amp; CO. LLP</b>	25. Employer EIN  <b>41-0738189</b>	26. Preparer's signature  <b>ANGIE M. AGREY, CPA</b>
<b>Instructions for completing the FBAR Signature Authorization Record</b> <b>This is a fill and print form using Adobe Reader</b>			
<p>This record may be completed by the individual or entity granting such authorization (Part I) <u>OR</u> the individual/entity authorized to perform such services. The completed record <u>must</u> be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <a href="http://bsaefiling.fincen.treas.gov/main.html">http://bsaefiling.fincen.treas.gov/main.html</a> for registration).</p>			
<p>Read and complete the account owner statement in Part I.</p>			
<p>To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.</p>			
<p><u>Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)</u></p>			
<p>If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).</p>			
<p>Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer <u>or</u> the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer <u>must</u> sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.</p>			
<p>The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).</p>			
<b>DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.</b>			

Form 8879-TE

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning 10/01, 2023, and ending 9/30, 2024  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2023

Name of filer

EIN or SSN

GLOBAL VOLUNTEERS

36-3352680

Name and title of officer or person subject to tax

BURNHAM PHILBROOK, JD  
PRESIDENT

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here .....	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <u>3,726,816</u>
<input type="checkbox"/> 2a Form 990-EZ check here .....	b Total revenue, if any (Form 990-EZ, line 9) .....	2b _____
<input type="checkbox"/> 3a Form 1120-POL check here .....	b Total tax (Form 1120-POL, line 22) .....	3b _____
<input type="checkbox"/> 4a Form 990-PF check here .....	b Tax based on investment income (Form 990-PF, Part V, line 5) .....	4b _____
<input type="checkbox"/> 5a Form 8868 check here .....	b Balance due (Form 8868, line 3c) .....	5b _____
<input type="checkbox"/> 6a Form 990-T check here .....	b Total tax (Form 990-T, Part III, line 4) .....	6b _____
<input type="checkbox"/> 7a Form 4720 check here .....	b Total tax (Form 4720, Part III, line 1) .....	7b _____
<input type="checkbox"/> 8a Form 5227 check here .....	b FMV of assets at end of tax year (Form 5227, Item D) .....	8b _____
<input type="checkbox"/> 9a Form 5330 check here .....	b Tax due (Form 5330, Part II, line 19) .....	9b _____
<input type="checkbox"/> 10a Form 8038-CP check here .....	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	10b _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize LETHERT, SKWIRA, SCHULTZ & CO. LLP to enter my PIN 95940 as my signature  
Enter five numbers, but  
do not enter all zeros

ERO firm name

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

08/13/25

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41312855101

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ANGIE M. AGREY, CPA

Date

08/13/25

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

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

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 10/01/23, and ending 09/30/24

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

E Telephone number

800-487-1074

G Gross receipts \$

3,726,816

F Name and address of principal officer:

BURNHAM PHILBROOK, JD  
375 EAST LITTLE CANADA RD  
ST PAUL MN 55117H(a) Is this a group return for subordinates?  Yes  NoH(b) Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527J Website: [WWW.GLOBALVOLUNTEERS.ORG](http://WWW.GLOBALVOLUNTEERS.ORG)K Form of organization:  Corporation  Trust  Association  Other

H(c) Group exemption number

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:	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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	964
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,535,278	3,319,366
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,781	613
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	824	406,837
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,569,883	3,726,816
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	100,054	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,782,852	1,681,872
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	273,791	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,875,178	2,205,620
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,758,084	3,887,492
	19 Revenue less expenses. Subtract line 18 from line 12	-188,201	-160,676
	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	1,413,187	1,604,543
	21 Total liabilities (Part X, line 26)	789,321	1,141,353
	22 Net assets or fund balances. Subtract line 21 from line 20	623,866	463,190

## 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
	<b>BURNHAM PHILBROOK, JD</b>	<b>PRESIDENT</b>	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <b>ANGIE M. AGREY, CPA</b>	Preparer's signature <b>ANGIE M. AGREY, CPA</b>	Date <input type="checkbox"/> if self-employed 08/13/25 PTIN <b>P01345037</b>
	Firm's name <b>LETHERT, SKWIRA, SCHULTZ &amp; CO. LLP</b>	Firm's EIN <b>41-0738189</b>	
	170 7TH PL E STE 100 SAINT PAUL, MN 55101-2361	Phone no. <b>651-224-5721</b>	

May the IRS discuss this return with the preparer shown above? See instructions

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2023)

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

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 \$ **3,279,860** including grants of \$ ..... ) (Revenue \$ ..... )  
**SEE SCHEDULE O**4b (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )  
**N/A**4c (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )  
**N/A**

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

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

4e Total program service expenses **3,279,860**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....

2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions .....

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .....

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V .....

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....

b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....

c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....

d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .....

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .....

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions .....

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....

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? If "Yes," complete Schedule I, Parts I and II .....

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		
21	X	

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	0
b	Enter the number of Forms W-2G included on 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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2a	27	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 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 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		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? .....	13a		
<b>Note:</b> 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 on Schedule O .....	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15	X	
If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	X	
If "Yes," complete Form 4720, Schedule O.				
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	17		
If "Yes," complete Form 6069.				

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	12
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	.....	1b	9
2	.....	2	<input checked="" type="checkbox"/>
3	.....	3	<input checked="" type="checkbox"/>
4	.....	4	<input checked="" type="checkbox"/>
5	.....	5	<input checked="" type="checkbox"/>
6	.....	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<input checked="" type="checkbox"/>
a	The governing body? .....	8b	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body? .....	9	<input checked="" type="checkbox"/>
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 on Schedule O .....		

**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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. .....	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy? .....	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy? .....	15	
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?	15a	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official .....	15b	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization .....	16a	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	16b	
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? .....		
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? .....		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed .....	IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.	
	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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.	

JACOB PHILBROOK

375 E LITTLE CANADA RD

ST PAUL

MN 55117

800-487-1074

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Individual trustee	Institutional trustee	Officer	Key employee			
(1) BURNHAM PHILBROOK, JD PRESIDENT	60.00 0.00	X		X			0	0	0
(2) MICHELE GRAN, MN VICE PRESIDENT	40.00 0.00	X		X			0	0	0
(3) SAM HANSON, JD TREASURER	5.00 0.00	X		X			0	0	0
(4) ANDREW PHILBROOK SECRETARY	40.00 0.00				X		0	0	0
(5) STEFANIE JOHNSON DIRECTOR	5.00 0.00	X					0	0	0
(6) KEITH KRESGE, JD DIRECTOR	5.00 0.00	X					0	0	0
(7) GAIL KULICK, JD DIRECTOR	5.00 0.00	X					0	0	0
(8) MIKE MOORMAN DIRECTOR	5.00 0.00	X					0	0	0
(9) DEBORAH POLLARD, MPP DIRECTOR	5.00 0.00	X					0	0	0
(10) JOHN TAYLOR DIRECTOR	5.00 0.00	X					0	0	0
(11) TODD LEFKO, MA TRUSTEE	5.00 0.00	X					0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Former Officer	Key employee	Highest compensated employee	Former Institutional trustee	Former Individual trustee or director	Former Officer				
<b>(12) SUE LAXDAL</b>	<b>5.00</b>										
<b>(12) DIRECTOR</b>	<b>0.00</b>	<b>X</b>							<b>0</b>	<b>0</b>	<b>0</b>
<b>(13)</b>											
<b>(14)</b>											
<b>(15)</b>											
<b>(16)</b>											
<b>(17)</b>											
<b>(18)</b>											
<b>(19)</b>											
<b>1b Subtotal</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>											

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>0</b>	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>1b</b> Membership dues .....	<b>1b</b>				
	<b>1c</b> Fundraising events .....	<b>1c</b>				
	<b>1d</b> Related organizations .....	<b>1d</b>				
	<b>1e</b> Government grants (contributions) .....	<b>1,052,360</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> <b>2,267,006</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f .....		<b>3,319,366</b>			
<b>Program Service Revenue</b>	Business Code					
	<b>2a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		<b>613</b>		<b>613</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	<b>6b</b>					
	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less: cost or other basis and sales exps.						
<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss) .....						
<b>8a</b> Gross income from fundraising events (not including \$ .....	<b>8a</b>					
of contributions reported on line 1c). See Part IV, line 18 .....	<b>8b</b>					
<b>b</b> Less: direct expenses .....						
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	Business Code					
	<b>11a OTHER REVENUE</b> .....		<b>406,837</b>	<b>406,837</b>		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		<b>406,837</b>			
<b>12 Total revenue.</b> See instructions .....		<b>3,726,816</b>	<b>406,837</b>	<b>0</b>	<b>613</b>	

**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 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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 .....	<b>382,366</b>	<b>304,278</b>	<b>30,781</b>	<b>47,307</b>
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 .....	<b>1,083,898</b>	<b>862,566</b>	<b>87,254</b>	<b>134,078</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	<b>107,713</b>	<b>86,170</b>	<b>8,617</b>	<b>12,926</b>
10 Payroll taxes .....	<b>107,895</b>	<b>86,316</b>	<b>8,632</b>	<b>12,947</b>
11 Fees for services (nonemployees):				
a Management .....	<b>216,769</b>	<b>172,500</b>	<b>17,450</b>	<b>26,819</b>
b Legal .....	<b>77</b>		<b>77</b>	
c Accounting .....				
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 Schedule O) .....	<b>10,418</b>	<b>8,290</b>	<b>839</b>	<b>1,289</b>
12 Advertising and promotion .....	<b>138,456</b>	<b>121,326</b>		<b>17,130</b>
13 Office expenses .....	<b>19,966</b>	<b>8,564</b>	<b>10,118</b>	<b>1,284</b>
14 Information technology .....	<b>55,371</b>	<b>44,296</b>	<b>4,430</b>	<b>6,645</b>
15 Royalties .....				
16 Occupancy .....	<b>84,591</b>		<b>84,591</b>	
17 Travel .....	<b>11,826</b>	<b>9,461</b>	<b>946</b>	<b>1,419</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	<b>2,350</b>	<b>1,880</b>	<b>188</b>	<b>282</b>
20 Interest .....	<b>55,320</b>		<b>55,320</b>	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	<b>29,053</b>	<b>29,053</b>		
23 Insurance .....	<b>59,451</b>	<b>47,561</b>	<b>4,756</b>	<b>7,134</b>
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SERVICE PROGRAM TRIPS .....	<b>777,244</b>	<b>777,244</b>		
b OTHER PROGRAM EXPENSE .....	<b>636,370</b>	<b>636,370</b>		
c CREDIT CARD AND BANK FEE .....	<b>53,775</b>	<b>53,775</b>		
d TRAINING AND DEVELOPMENT .....	<b>37,762</b>	<b>30,210</b>	<b>3,021</b>	<b>4,531</b>
e All other expenses .....	<b>16,821</b>		<b>16,821</b>	
25 Total functional expenses. Add lines 1 through 24e .....	<b>3,887,492</b>	<b>3,279,860</b>	<b>333,841</b>	<b>273,791</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing .....	<b>144,831</b>	1	<b>90,374</b>
	2 Savings and temporary cash investments .....	<b>201,745</b>	2	
	3 Pledges and grants receivable, net .....	<b>341,112</b>	3	<b>777,188</b>
	4 Accounts receivable, net .....	<b>574</b>	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	<b>8,736</b>	8	<b>8,736</b>
	9 Prepaid expenses and deferred charges .....	<b>41,663</b>	9	<b>38,491</b>
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>1,036,100</b>		
	10b Less: accumulated depreciation .....	<b>410,725</b>	10c	<b>625,375</b>
	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 .....	<b>64,379</b>	15	<b>64,379</b>
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>1,413,187</b>	16	<b>1,604,543</b>
Liabilities	17 Accounts payable and accrued expenses .....	<b>92,095</b>	17	<b>176,646</b>
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	<b>163,661</b>	22	<b>160,355</b>
	23 Secured mortgages and notes payable to unrelated third parties .....	<b>469,186</b>	23	<b>681,050</b>
	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 .....	<b>64,379</b>	25	<b>123,302</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>789,321</b>	26	<b>1,141,353</b>
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	<b>-43,375</b>	27	<b>-157,640</b>
	28 Net assets with donor restrictions .....	<b>667,241</b>	28	<b>620,830</b>
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	<b>623,866</b>	32	<b>463,190</b>
	<b>33 Total liabilities and net assets/fund balances</b> .....	<b>1,413,187</b>	33	<b>1,604,543</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	3,726,816
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	3,887,492
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	-160,676
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	623,866
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	463,190

**Part XII Financial Statements and Reporting**Check 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 on 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
2b 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c 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 on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

**SCHEDULE A**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2023****Open to Public  
Inspection****Attach to Form 990 or Form 990-EZ.**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**GLOBAL VOLUNTEERS****36-3352680****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_  
 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  
 a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
 b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
 c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
 d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
 f Enter the number of supported organizations \_\_\_\_\_  
 g Provide the following information about the supported organization(s). \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....				3,535,278	3,319,366	6,854,644
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 <b>Total.</b> Add lines 1 through 3 .....				3,535,278	3,319,366	6,854,644
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 .....						6,854,644

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4 .....				3,535,278	3,319,366	6,854,644
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				33,781	613	34,394
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.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						6,889,038
12 Gross receipts from related activities, etc. (see instructions) .....					12	407,661
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) .....	14	99.50 %
15 Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	99.05 %
16a <b>33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test — 2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test — 2022.</b> 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 <b>stop here</b> . 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 <b>Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First 5 years.</b> 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**

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17 .....	18	%
19a <b>33 1/3% support tests — 2023.</b> 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 .....		<input type="checkbox"/>
<b>b 33 1/3% support tests — 2022.</b> 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 .....		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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?

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).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
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).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- 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.
- Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- 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.

	Yes	No
3a		
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.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see <b>instructions</b> )	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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 <b>instructions</b> )	<b>6</b>		
<b>7</b> Other expenses (see <b>instructions</b> )	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see <b>instructions</b> for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see <b>instructions</b> ).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C – Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see <b>instructions</b> ).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see <b>instructions</b> ).			

## 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018 .....			
b From 2019 .....			
c From 2020 .....			
d From 2021 .....			
e From 2022 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 .....			
b Excess from 2020 .....			
c Excess from 2021 .....			
d Excess from 2022 .....			
e Excess from 2023 .....			

**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.)

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

Employer identification number

**GLOBAL VOLUNTEERS****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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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 make 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 program  
 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.

	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 Term endowment %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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

**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		834,580	254,032	580,548
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) **580,548**

**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) .....		
<b>Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) .....</b>		

**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)		
<b>Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) .....</b>		

**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)	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) .....</b>	

**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) <b>OPERATING LEASE LIABILITY</b>		<b>64,379</b>
(3)		<b>58,923</b>
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....</b>		<b>123,302</b>

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

**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	<b>3,726,816</b>
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	
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	<b>3,726,816</b>
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	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	<b>3,726,816</b>

**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	<b>3,887,492</b>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	<b>3,887,492</b>
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	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	<b>3,887,492</b>

**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.

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**Part XIII Supplemental Information (continued)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**
**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
SUB SAHARAN AFRICA					
(1)	1	40	PROGRAM SERVICES	ESSENTIAL SERVICES	
CENTRAL AMERICA AND CARIBBEAN					
(2)	1	1	PROGRAM SERVICES	TEACHING ENGLISH	
EUROPE					
(3)	3	4	PROGRAM SERVICES	TEACHING ENGLISH	
SOUTH AMERICA					
(4)	1	4	PROGRAM SERVICES	CHILDREN'S CENTER	
MIDDLE EAST					
(5)	1	1	PROGRAM SERVICES	ESSENTIAL SERVICES	
EAST ASIA					
(6)	2	2	PROGRAM SERVICES	ESSENTIAL SERVICES	
SOUTH ASIA					
(7)	1	1	PROGRAM SERVICES	ESSENTIAL SERVICES	
SUB SAHARAN AFRICA					
(8)			INVESTMENT		
CENTRAL AMERICA AND CARIBBEN					
(9)			INVESTMENT		
EUROPE					
(10)			INVESTMENT		
SOUTH AMERICA					
(11)			INVESTMENT		
EAST ASIA					
(12)			INVESTMENT		
SOUTH ASIA					
(13)			INVESTMENT		
(14)					
(15)					
(16)					
(17)					
3a Subtotal .....	10	53			
b Total from continuation sheets to Part I .....					
c Totals (add lines 3a and 3b)	10	53			

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

Schedule F (Form 990) 2023

**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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 .....

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"  
*the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the 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 the 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 the 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 the 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 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
SUB SAHARAN AFRICA	\$ 0	\$ 0
CENTRAL AMERICA AND CARIBBEAN	\$ 0	\$ 0
EUROPE	\$ 0	\$ 0
SOUTH AMERICA	\$ 0	\$ 0
MIDDLE EAST	\$ 0	\$ 0
EAST ASIA	\$ 0	\$ 0
SOUTH ASIA	\$ 0	\$ 0
SUB SAHARAN AFRICA	\$ 0	\$ 0
CENTRAL AMERICA AND CARIBBEAN	\$ 0	\$ 0
EUROPE	\$ 0	\$ 0
SOUTH AMERICA	\$ 0	\$ 0
EAST ASIA	\$ 0	\$ 0
SOUTH ASIA	\$ 0	\$ 0

**PART V - ADDITIONAL INFORMATION****PART V - ADDITIONAL INFORMATION****PART I, LINE 3, COLUMN (E):****REGION: EUROPE****SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS TEACH CONVERSATIONAL****ENGLISH TO ELEMENTARY, HIGH SCHOOL, AND SUMMER SCHOOL SETTINGS. VOLUNTEERS****PROVIDE UKRAINIAN REFUGEE FAMILIES RELIEF AND PSYCHOSOCIAL SUPPORT.****VOLUNTEERS ENGAGE WITH SCHOOL-AGE UKRAINIAN AND POLISH CHILDREN DURING****SUMMER CAMPS.****REGION: SOUTH AMERICA**

**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.

**SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS WORK AT A LARGE DAY SCHOOL AND CHILD CENTER ON A VARIETY OF PROJECTS INCLUDING, LIGHT LABOR, ASSISTING WITH DAY CARE, TEACHING ENGLISH AND OTHER SUBJECTS, PROVIDING MEDICAL SERVICES SUCH AS CHECK UPS, DENTAL CARE, ETC.**

**REGION: SUB-SAHARAN AFRICA**

**SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS HELP PARENTS AND COMMUNITY MEMBERS DELIVER THE 12 ESSENTIAL SERVICES PRESCRIBED BY UN AGENCIES SO THAT CHILDHOOD STUNTING CAN BE ELIMINATED AND ALL CHILDREN CAN REACH THEIR FULL POTENTIAL. VOLUNTEER PROFESSIONALS CONDUCT INTERACTIVE WORKSHOPS WITH PREGNANT WOMEN, PARENTS OF CHILDREN TWO YEARS AND YOUNGER AND WOMEN OF CHILDBEARING AGE, ACCOMPANY THE RCP CAREGIVERS ON THEIR WEEKLY HOME VISITS, DEMONSTRATE PROPER HAND WASHING WITH SOAP AND WATER, HELP ASSEMBLE HOUSEHOLD HAND WASHING STATIONS SO PARENTS CAN ENSURE THEY AND 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 AND SECONDARY SCHOOL, TEACH/TUTOR ENGLISH, MATH, SCIENCE, AND HEALTH AT THE PRIMARY SCHOOL, TEACH/ TUTOR SECONDARY SCHOOL STUDENTS IN ENGLISH, MATH, BIOLOGY, CHEMISTRY, PHYSICS, AND PHYSICAL GEOGRAPHY AND HELP REPAIR CLASSROOMS. VOLUNTEERS WITH MEDICAL BACKGROUND ASSIST 6 MEDICAL STAFF AT THE IPALAMWA GENERAL CLINIC.**

**PART II, COLUMN (H):**

**REGION: ST LUCIA**

**DESCRIPTION OF NON-CASH ASSISTANCE: 6 SEWING MACHINES, PROJECT TRANSPORTATION, SUMMER SCHOOL LUNCHES**

**REGION: ITALY**

**DESCRIPTION OF NON-CASH ASSISTANCE: INTEX RECTANGULAR POOL/FILTER, GOUACHE**

**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.

**BRUSH SET, VOLLEYBALLS, MODELING CLAY, BASKETBALLS, SOCCER BALLS,**

**EDUCATIONAL MATERIALS FOR SUMMER CAMPS**

**REGION: EUROPE**

**DESCRIPTION OF NON-CASH ASSISTANCE: FIELD TRIP TICKETS AND EDUCATIONAL MATERIALS FOR SUMMER CAMPS**

**REGION: SOUTH AMERICA**

**DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS AND SUPPLIES TO SUPPORT THE REACHING CHILDREN'S POTENTIAL PROGRAM INCLUDING BUT NOT LIMITED TO TRANSPORTATION FOR PARENT WORKSHOPS AND HOME VISITS, MATERIALS AND SUPPLIES TO IMPROVE THE SCHOOL AND CHILDREN'S CENTER, AND STAFF COMPENSATION TO CONDUCT THE PROGRAM**

**REGION: SUB-SAHARAN AFRICA**

**DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS AND SUPPLIES TO SUPPORT THE REACHING CHILDREN'S POTENTIAL PROGRAM INCLUDING BUT NOT LIMITED TO TRANSPORTATION FOR PARENT WORKSHOPS AND HOME VISITS, MEDICINES AND SUPPLIES FOR THE HEALTH CLINIC, SUPPLIES FOR MATERNAL WAITING HOUSE, MATERIALS AND SUPPLIES FOR HOUSEHOLD CHICKEN COOPS, CONTAINER GARDENS, HANDWASHING STATIONS, AND FUEL-EFFICIENT STOVES, PREPACKAGED NUTRITIOUS MEALS FOR WOMEN, TODDLERS, AND PRIMARY SCHOOL STUDENTS, AND STAFF COMPENSATION TO CONDUCT THE PROGRAM.**

**REGION: CENTRAL AMERICA AND THE CARIBBEAN**

**DESCRIPTION OF NON-CASH ASSISTANCE: SEWING MACHINES, WOOD SCREWS, PROJECT TRANSPORTATION, SCHOOL LUNCHES, AND ENGLISH AND VBS SUPPLIES**

**SCHEDULE L**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 .....

\$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .....

\$

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1)			X	167,000	160,355	X	X				X
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
<b>Total</b>						\$	160,355				

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

DAA

Schedule L (Form 990) 2023

**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 org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**SCHEDULE L, PART V - ADDITIONAL INFORMATION****SCHEDULE L, PART V - ADDITIONAL INFORMATION****P&G ASSOCIATES IS OWNED BY BURNHAM PHILBROOK, PRESIDENT, AND MICHELE GRAN,****VICE PRESIDENT**

**SCHEDULE O**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

 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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2023**Open to Public  
Inspection

Name of the organization

**GLOBAL VOLUNTEERS**

Employer identification number

**36-3352680**
**FORM 990, PART III - ADDITIONAL INFORMATION**
**BELOW DATA ARE NOT EXHAUSTIVE, BUT PROVIDE HIGHLIGHTS OF**
**GLOBAL VOLUNTEERS' SERVICE ACCOMPLISHMENTS IN VARIOUS COUNTRIES DURING FY23.**

**CUBA:** VOLUNTEERS PRACTICE CONVERSATIONAL ENGLISH WITH YOUTH AND ADULTS, WORK IN COMMUNITY GARDENS, SUPPORT AND ASSIST SENIORS, MAKE CRAFTS WITH A LOCAL WOMEN'S COOPERATIVE, AND HELP WITH LIGHT CONSTRUCTION AND/OR PAINTING.

**TANZANIA:** THE PREVALENCE OF CHILDHOOD STUNTING WAS SIGNIFICANTLY REDUCED IN FAMILIES ENROLLED IN GLOBAL VOLUNTEERS' REACHING CHILDREN'S POTENTIAL (RCP) PROGRAM, AS REPORTED BY THE TANZANIA FOOD AND NUTRITION CENTER, A DIVISION OF THE TANZANIA MINISTRY OF HEALTH. RCP IS A CHILD-FOCUSED, PARENT-DRIVEN, COMMUNITY-LED, AND VOLUNTEER-SUPPORTED COMPREHENSIVE PROGRAM THAT INVESTS IN CHILDREN'S AND MOTHERS' NUTRITION, HEALTH, AND EDUCATION BEGINNING WITH PREGNANCY, CONTINUING THROUGH THE 18TH BIRTHDAY, AND FOCUSING ON THE FIRST 1,000 DAYS OF LIFE. ALL COMPONENTS ARE IMPLEMENTED AND DIRECTED BY LOCAL PEOPLE WITH THE CATALYTIC SUPPORT OF LOCAL STAFF AND EXTERNAL VOLUNTEERS. VOLUNTEERS HELP PARENTS AND COMMUNITY MEMBERS DELIVER THE 12 ESSENTIAL SERVICES PRESCRIBED BY UN AGENCIES SO THAT CHILDHOOD STUNTING CAN BE ELIMINATED, AND ALL CHILDREN CAN REACH THEIR FULL POTENTIAL.

VOLUNTEER PROFESSIONALS CONDUCT INTERACTIVE PARENT WORKSHOPS; PROVIDE PREGNANT WOMEN, PARENTS OF CHILDREN TWO YEARS AND YOUNGER, AND SCHOOL-AGE CHILDREN WITH NUTRITIOUS MEALS DAILY; ACCOMPANY THE STAFF CAREGIVERS ON THEIR WEEKLY HOME VISITS; DEMONSTRATE PROPER HAND WASHING WITH SOAP AND WATER; HELP ASSEMBLE HOUSEHOLD HAND WASHING STATIONS SO PARENTS CAN ENSURE THEY AND THEIR CHILDREN HAVE ACCESS TO APPROPRIATE HYGIENE, , TEACH/TUTOR

Name of the organization

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

ENGLISH, MATH, SCIENCE, AND HEALTH AT THE PRIMARY SCHOOL, TEACH/ TUTOR SECONDARY SCHOOL STUDENTS IN ENGLISH, MATH, BIOLOGY, CHEMISTRY, PHYSICS, AND PHYSICAL GEOGRAPHY AND HELP REPAIR CLASSROOMS. VOLUNTEERS WITH MEDICAL BACKGROUNDS ASSIST 6 MEDICAL STAFF AT THE IPALAMWA GENERAL CLINIC.

POLAND: VOLUNTEERS TEACH CONVERSATIONAL ENGLISH TO ELEMENTARY, HIGH SCHOOL, AND SUMMER SCHOOL SETTINGS. VOLUNTEERS PROVIDE UKRAINIAN REFUGEE FAMILIES RELIEF AND PSYCHOSOCIAL SUPPORT. VOLUNTEERS ENGAGE WITH SCHOOL-AGE UKRAINIAN AND POLISH CHILDREN DURING SUMMER CAMPS

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

BELOW DATA ARE NOT EXHAUSTIVE, BUT PROVIDE HIGHLIGHTS OF GLOBAL VOLUNTEERS' SERVICE ACCOMPLISHMENTS IN VARIOUS COUNTRIES DURING FY23.

CUBA: VOLUNTEERS PRACTICE CONVERSATIONAL ENGLISH WITH YOUTH AND ADULTS, WORK IN COMMUNITY GARDENS, SUPPORT AND ASSIST SENIORS, MAKE CRAFTS WITH A LOCAL WOMEN'S COOPERATIVE, AND HELP WITH LIGHT CONSTRUCTION AND/OR PAINTING.

TANZANIA: THE PREVALENCE OF CHILDHOOD STUNTING WAS SIGNIFICANTLY REDUCED IN FAMILIES ENROLLED IN GLOBAL VOLUNTEERS' REACHING CHILDREN'S POTENTIAL (RCP) PROGRAM, AS REPORTED BY THE TANZANIA FOOD AND NUTRITION CENTER, A DIVISION OF THE TANZANIA MINISTRY OF HEALTH. RCP IS A CHILD-FOCUSED, PARENT-DRIVEN, COMMUNITY-LED, AND VOLUNTEER-SUPPORTED COMPREHENSIVE PROGRAM THAT INVESTS IN CHILDREN'S AND MOTHERS' NUTRITION, HEALTH, AND EDUCATION BEGINNING WITH PREGNANCY, CONTINUING THROUGH THE 18TH BIRTHDAY, AND FOCUSING ON THE FIRST 1,000 DAYS OF LIFE. ALL COMPONENTS ARE IMPLEMENTED AND DIRECTED BY LOCAL PEOPLE WITH THE CATALYTIC SUPPORT OF LOCAL STAFF AND EXTERNAL VOLUNTEERS.

Name of the organization

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

VOLUNTEERS HELP PARENTS AND COMMUNITY MEMBERS DELIVER THE 12 ESSENTIAL SERVICES PRESCRIBED BY UN AGENCIES SO THAT CHILDHOOD STUNTING CAN BE ELIMINATED, AND ALL CHILDREN CAN REACH THEIR FULL POTENTIAL. VOLUNTEER PROFESSIONALS CONDUCT INTERACTIVE PARENT WORKSHOPS; PROVIDE PREGNANT WOMEN, PARENTS OF CHILDREN TWO YEARS AND YOUNGER, AND SCHOOL-AGE CHILDREN WITH TWO NUTRITIOUS MEALS DAILY; ACCOMPANY THE STAFF CAREGIVERS ON THEIR WEEKLY HOME VISITS; DEMONSTRATE PROPER HAND WASHING WITH SOAP AND WATER; HELP ASSEMBLE HOUSEHOLD HAND WASHING STATIONS SO PARENTS CAN ENSURE THEY AND THEIR CHILDREN HAVE ACCESS TO APPROPRIATE HYGIENE, , TEACH/TUTOR ENGLISH, MATH, SCIENCE, AND HEALTH AT THE PRIMARY SCHOOL, TEACH/ TUTOR SECONDARY SCHOOL STUDENTS IN ENGLISH, MATH, BIOLOGY, CHEMISTRY, PHYSICS, AND PHYSICAL GEOGRAPHY AND HELP REPAIR CLASSROOMS. VOLUNTEERS WITH MEDICAL BACKGROUNDS ASSIST 6 MEDICAL STAFF AT THE IPALAMWA GENERAL CLINIC.

POLAND: VOLUNTEERS TEACH CONVERSATIONAL ENGLISH TO ELEMENTARY, HIGH SCHOOL, AND SUMMER SCHOOL SETTINGS. VOLUNTEERS PROVIDE UKRAINIAN REFUGEE FAMILIES RELIEF AND PSYCHOSOCIAL SUPPORT. VOLUNTEERS ENGAGE WITH SCHOOL-AGE UKRAINIAN AND POLISH CHILDREN DURING SUMMER CAMPS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

BURNHAM PHILIBROOK

MICHELLE GRAN

PRESIDENT

VICE PRES

FAMILY

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

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

Name of the organization

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

THERE ARE FIVE STOCKHOLDERS, EACH OF WHOM HAS THE RIGHT TO CUMULATE HIS OR HER VOTE IN THE ELECTION OF DIRECTORS AND PURSUANT TO THE PROVISIONS CONTAINED AND PROCESS DEFINED IN MN STATUTES SECTION 317A.215. HOWEVER, THE CONSISTENT APPROACH OVER THE PAST TWO DECADES HAS BEEN TO ELECT DIRECTORS BY UNANIMOUS CONSENT OF ALL THE STOCKHOLDERS

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
**NO REVIEW WAS OR WILL BE CONDUCTED.****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

WE EMPLOY THE HONOR SYSTEM WHERE 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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**  
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

Name of the organization

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

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 HEALTH INSURANCE, THE LAST TIME THE PRESIDENT'S COMPENSATION WAS MODIFIED WAS IN 2010.

IN 2021, GLOBAL VOLUNTEERS STOPPED PAYING ALL HEALTH INSURANCE PREMIUMS FOR THE PRESIDENT AND VICE PRESIDENT. IN LIEU THEREOF, THE COMPANY INCREASED THE PRESIDENT'S COMPENSATION BY APPROXIMATELY THE AMOUNT GLOBAL VOLUNTEERS CONTRIBUTED TOWARD THE OFFICERS' COMBINED HEALTH INSURANCE IN 2020. THIS AMOUNT WAS REDUCED BY THE AMOUNT GLOBAL VOLUNTEERS WAS REQUIRED TO PAY FOR FICA ON THE ADDITIONAL SALARY. THE BOARD OF DIRECTORS RESOLUTION AUTHORIZING THIS CHANGE IN COMPENSATION SPECIFICALLY STATED, "THIS INCREASE IN BURNHAM PHILBROOK'S SALARY SHALL NOT BE CONSIDERED OR CONSTRUED AS A RAISE IN TOTAL COMPENSATION, BUT RATHER A SUBSTITUTE PAYMENT OF SALARY IN PLACE OF HEALTH INSURANCE." IN FYE23, THE VICE PRESIDENT'S SALARY WAS INCREASED BY 10%, AS WAS THE COMPENSATION OF MOST STAFF OTHER THAN THE PRESIDENT, TO ACCOUNT FOR RECENT YEARS' INFLATION

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED  
 MANITOBA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO,  
 NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON,  
 PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH,  
 VERMONT, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN, WYOMING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

## FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 1

Form 990

2023

For calendar year 2023 or tax year beginning 10/01/23, ending 09/30/24

Name

GLOBAL VOLUNTEERS

Employer Identification Number  
36-3352680Warning: Printed versions of the BSA E-Filing forms are not for submission  
and will not be processed by FinCEN1 This report is for calendar year ended 12/312023Amended 

Prior report BSA Identifier

Reason if filing late

## Part I - Filer Information

2 Type of filer	<u>TAX-EXEMPT ENTITY</u>
3 U.S. Taxpayer Identification Number	<u>363352680</u>
3a TIN type	<u>EIN</u>
4 Foreign identification	
4a Type	
4b Number	
4c Country of Issue	
5 Individual's date of birth	
6 Last name or organization name	<u>GLOBAL VOLUNTEERS</u>
7 First name	
8 Middle initial	
8a Suffix	
9 Mailing address	<u>375 EAST LITTLE CANADA ROAD</u>
10 City	<u>ST PAUL</u>
11 State	<u>MN</u> <u>MINNESOTA</u>
12 Zip/postal code	<u>55117</u>
13 Country	<u>US</u>

14a Does the filer have a financial interest in 25 or more financial accounts?

Yes  If "Yes" enter total number of accounts \_\_\_\_\_  
No 

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes  If "Yes" enter total number of accounts \_\_\_\_\_  
No

## FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 2

Form 990

2023

For calendar year 2023 or tax year beginning 10/01/23, ending 09/30/24Name GLOBAL VOLUNTEERS Employer Identification Number 36-3352680Warning: Printed versions of the BSA E-Filing forms are not for submission  
and will not be processed by FinCEN

## Part II - Information on Financial Account(s) Owned Separately

1 of 6

15 Maximum account value 837 15a Maximum account value unknown   
 16 Type of account BANK  
 17 Name of financial institution in which account is held BANK OF CHINA  
 18 Account number or other designation 102069672448  
 19 Mailing address 88 WEST SECTOR  
 20 City SOUTH ER HUAN 21 State   
 22 Foreign postal code  23 Country CN CHINA, PEOPLES REPUB

## Part II - Information on Financial Account(s) Owned Separately

2 of 6

15 Maximum account value 22,385 15a Maximum account value unknown   
 16 Type of account BANK  
 17 Name of financial institution in which account is held WESTPAC  
 18 Account number or other designation 14400770100  
 19 Mailing address PO BOX 42  
 20 City AVARUA 21 State   
 22 Foreign postal code  23 Country CK COOK ISLANDS

## Part II - Information on Financial Account(s) Owned Separately

3 of 6

15 Maximum account value 12,125 15a Maximum account value unknown   
 16 Type of account BANK  
 17 Name of financial institution in which account is held 1ST NATIONAL BANK OF ST. LUCIA  
 18 Account number or other designation 576070  
 19 Mailing address MARINA VILLAGE, MARIGOT BAY  
 20 City CASTRIES 21 State   
 22 Foreign postal code  23 Country LC ST. LUCIA

## Part II - Information on Financial Account(s) Owned Separately

4 of 6

15 Maximum account value 1 15a Maximum account value unknown   
 16 Type of account BANK  
 17 Name of financial institution in which account is held CRDB BANK LIMITED  
 18 Account number or other designation 02J2070597800  
 19 Mailing address BOX 2275  
 20 City IRINGA 21 State   
 22 Foreign postal code  23 Country TZ TANZANIA

## Part II - Information on Financial Account(s) Owned Separately

5 of 6

15 Maximum account value 1 15a Maximum account value unknown   
 16 Type of account BANK  
 17 Name of financial institution in which account is held CRDB BANK LIMITED  
 18 Account number or other designation 015C435771400  
 19 Mailing address BOX 2275  
 20 City IRINGA 21 State   
 22 Foreign postal code  23 Country TZ TANZANIA

Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 5</b>		
			<b>2023</b>
	For calendar year 2023 or tax year beginning <b>10/01/23</b> , ending <b>09/30/24</b>		
Name <b>GLOBAL VOLUNTEERS</b>	Employer Identification Number <b>36-3352680</b>		

**Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN**

44a Check if report completed by a third party preparer, complete the third party preparer section **X**  
 44 Filer signature PIN (Enter the PIN assigned by FinCEN used to sign the FBAR) **FORM 114A SIGNED, PIN NOT REQUIRED**  
 45 Filer title  
 46 Date of signature **08/13/2025**

**Third Party Preparer Use Only**

47 Preparer's last name	<b>AGREY</b>
48 First name	<b>ANGIE</b>
49 Middle name/initial	<b>M</b>
50 Check if self-employed	<input type="checkbox"/>
51 Preparer's TIN	<b>P01345037</b>
51a TIN type	<b>PTIN</b>
52 Contact phone number	<b>651-224-5721</b>
52a Extension	
53 Firm's name	<b>LETHERT, SKWIRA, SCHULTZ &amp; CO. LLP</b>
54 Firm's TIN	<b>41-0738189</b>
54a TIN type	<b>EIN</b>
55 Mailing address	<b>170 7TH PL E STE 100</b>
56 City	<b>SAINT PAUL</b>
57 State	<b>MN</b>
58 Zip/postal code	<b>55101-2361</b>
59 Country	<b>US US</b>

## FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 2

Form 990

2023

For calendar year 2023 or tax year beginning 10/01/23, ending 09/30/24Name GLOBAL VOLUNTEERS Employer Identification Number 36-3352680Warning: Printed versions of the BSA E-Filing forms are not for submission  
and will not be processed by FinCEN

## Part II - Information on Financial Account(s) Owned Separately

6 of 6

15 Maximum account value 20,288 15a Maximum account value unknown   
 16 Type of account BANK  
 17 Name of financial institution in which account is held EXIM BANK  
 18 Account number or other designation 170011125  
 19 Mailing address PO BOX 261  
 20 City IRINGA 21 State \_\_\_\_\_  
 22 Foreign postal code TZ TANZANIA

## Part II - Information on Financial Account(s) Owned Separately

of \_\_\_\_\_

15 Maximum account value \_\_\_\_\_ 15a Maximum account value unknown   
 16 Type of account \_\_\_\_\_  
 17 Name of financial institution in which account is held \_\_\_\_\_  
 18 Account number or other designation \_\_\_\_\_  
 19 Mailing address \_\_\_\_\_  
 20 City \_\_\_\_\_ 21 State \_\_\_\_\_  
 22 Foreign postal code \_\_\_\_\_ 23 Country \_\_\_\_\_

## Part II - Information on Financial Account(s) Owned Separately

of \_\_\_\_\_

15 Maximum account value \_\_\_\_\_ 15a Maximum account value unknown   
 16 Type of account \_\_\_\_\_  
 17 Name of financial institution in which account is held \_\_\_\_\_  
 18 Account number or other designation \_\_\_\_\_  
 19 Mailing address \_\_\_\_\_  
 20 City \_\_\_\_\_ 21 State \_\_\_\_\_  
 22 Foreign postal code \_\_\_\_\_ 23 Country \_\_\_\_\_

## Part II - Information on Financial Account(s) Owned Separately

of \_\_\_\_\_

15 Maximum account value \_\_\_\_\_ 15a Maximum account value unknown   
 16 Type of account \_\_\_\_\_  
 17 Name of financial institution in which account is held \_\_\_\_\_  
 18 Account number or other designation \_\_\_\_\_  
 19 Mailing address \_\_\_\_\_  
 20 City \_\_\_\_\_ 21 State \_\_\_\_\_  
 22 Foreign postal code \_\_\_\_\_ 23 Country \_\_\_\_\_

## Part II - Information on Financial Account(s) Owned Separately

of \_\_\_\_\_

15 Maximum account value \_\_\_\_\_ 15a Maximum account value unknown   
 16 Type of account \_\_\_\_\_  
 17 Name of financial institution in which account is held \_\_\_\_\_  
 18 Account number or other designation \_\_\_\_\_  
 19 Mailing address \_\_\_\_\_  
 20 City \_\_\_\_\_ 21 State \_\_\_\_\_  
 22 Foreign postal code \_\_\_\_\_ 23 Country \_\_\_\_\_

Form 990		Two Year Comparison Report			2022 & 2023	
		For calendar year 2023, or tax year beginning		10/01/23	, ending	09/30/24
Name		Taxpayer Identification Number				
GLOBAL VOLUNTEERS		36-3352680				
Revenue	1. Contributions, gifts, grants .....	2022	2023	Differences		
	1. 3,229,485	2,267,006	-962,479			
	2.					
	3. 305,793	1,052,360	746,567			
	4.					
	5. 33,781	613	-33,168			
	6.					
	7.					
	8.					
	9.					
	10.					
	11. 824	406,837	406,013			
12. Total revenue. Add lines 1 through 11	3,569,883	3,726,816	156,933			
Expenses	13. Grants and similar amounts paid .....	100,054		-100,054		
	14. Benefits paid to or for members .....					
	15. Compensation of officers, directors, trustees, etc. ....	414,615	382,366	-32,249		
	16. Salaries, other compensation, and employee benefits .....	1,368,237	1,299,506	-68,731		
	17.					
	18. Professional fundraising fees .....	95,728	227,264	131,536		
	19. Other professional fees .....	67,787	84,591	16,804		
	20. Occupancy, rent, utilities, and maintenance .....	26,870	29,053	2,183		
	21. Depreciation and Depletion .....					
	22. Other expenses .....	1,684,793	1,864,712	179,919		
	22. Total expenses. Add lines 13 through 21	3,758,084	3,887,492	129,408		
	23. Excess or (Deficit). Subtract line 22 from line 12	-188,201	-160,676	27,525		
Other Information	24. Total exempt revenue .....	3,569,883	3,726,816	156,933		
	25. Total unrelated revenue .....					
	26. Total excludable revenue .....	34,605	407,450	372,845		
	27. Total assets .....	1,413,187	1,604,543	191,356		
	28. Total liabilities .....	789,321	1,141,353	352,032		
	29. Retained earnings .....	623,866	463,190	-160,676		
	30. Number of voting members of governing body .....	8	12			
	31. Number of independent voting members of governing body .....	6	9			
	32. Number of employees .....	29	27			
	33. Number of volunteers	898	964			

Form <b>990</b>	<b>Tax Return History</b>					<b>2023</b>
Name <b>GLOBAL VOLUNTEERS</b>						Employer Identification Number <b>36-3352680</b>
	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Contributions, gifts, grants .....				<b>3,535,278</b>	<b>3,319,366</b>	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....				<b>33,781</b>	<b>613</b>	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....				<b>824</b>	<b>406,837</b>	
<b>Total revenue</b> .....				<b>3,569,883</b>	<b>3,726,816</b>	
Grants and similar amounts paid .....				<b>100,054</b>		
Benefits paid to or for members .....						
Compensation of officers, etc. .....				<b>414,615</b>	<b>382,366</b>	
Other compensation .....				<b>1,368,237</b>	<b>1,299,506</b>	
Professional fees .....				<b>95,728</b>	<b>227,264</b>	
Occupancy costs .....				<b>67,787</b>	<b>84,591</b>	
Depreciation and depletion .....				<b>26,870</b>	<b>29,053</b>	
Other expenses .....				<b>1,684,793</b>	<b>1,864,712</b>	
<b>Total expenses</b> .....				<b>3,758,084</b>	<b>3,887,492</b>	
<b>Excess or (Deficit)</b> .....				<b>-188,201</b>	<b>-160,676</b>	
 Total exempt revenue .....				<b>3,569,883</b>	<b>3,726,816</b>	
Total unrelated revenue .....						
Total excludable revenue .....				<b>34,605</b>	<b>407,450</b>	
Total Assets .....				<b>1,413,187</b>	<b>1,604,543</b>	
Total Liabilities .....				<b>789,321</b>	<b>1,141,353</b>	
Net Fund Balances .....				<b>623,866</b>	<b>463,190</b>	

95940 Global Volunteers  
36-3352680  
FYE: 9/30/2024

## Federal Statements

### Tax-Exempt Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
INTEREST	\$ 613				14	
TOTAL	\$ 613					

95940 Global Volunteers  
36-3352680  
FYE: 9/30/2024

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 10,418	\$ 8,290	\$ 839	\$ 1,289
TOTAL	<u>\$ 10,418</u>	<u>\$ 8,290</u>	<u>\$ 839</u>	<u>\$ 1,289</u>

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
APPEAL	\$ 10,205	\$	\$ 10,205	\$
STATE REGISTRATION	3,344		3,344	
RECRUITING	1,977		1,977	
MISC	1,295		1,295	
TOTAL	<u>\$ 16,821</u>	<u>\$ 0</u>	<u>\$ 16,821</u>	<u>\$ 0</u>

95940 Global Volunteers  
36-3352680  
FYE: 9/30/2024

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 1,052,360
	2,267,006
TOTAL	\$ <u>3,319,366</u>

### Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 613
TOTAL	\$ <u>613</u>

### Schedule A, Part II, Line 12 - Current year

Description	Amount
OTHER REVENUE	\$ 406,837
TOTAL	\$ <u>406,837</u>

## Minnesota Return Summary

For calendar year 2023, or taxable period beginning **10/01/23**, and ending **09/30/24**

**36-3352680**

### **GLOBAL VOLUNTEERS**

#### **Income**

Federal taxable income

Additions

Subtractions

Income subject to apportionment

Income apportionment factor

Minnesota taxable net income

Net operating loss

Deductions

**Taxable income**

\_\_\_\_\_

=====

#### **Tax Computation**

Regular tax

Proxy tax

Credits against tax

Nongame wildlife fund donation

\_\_\_\_\_

=====

**Total tax**

#### **Payments / Refundable Credits / Penalties**

Payments / refundable credits

Failure to file penalty

Failure to pay penalty

Late filing interest

M15NP penalty

**Total payments / penalties**

\_\_\_\_\_

=====

**Overpayment credited to next year's estimated tax**

\_\_\_\_\_

**Refund**

\_\_\_\_\_

**Tax due**

\_\_\_\_\_

#### **Next Year's Estimates**

1st quarter

2nd quarter

3rd quarter

4th quarter

**Total**

\_\_\_\_\_

=====

#### **Miscellaneous Information**

Amended return

Return / extended due date

\_\_\_\_\_

#### **Charitable Organization**

Total revenue	<b>3,726,816</b>
Total expenses	<b>3,887,492</b>
Total Assets	<b>1,604,543</b>
Total liabilities	<b>1,141,353</b>

Amended return	_____
Return / extended due date	<b>08/15/25</b>

Filing fee	<b>25</b>
Late filing fee	_____
Total	<b>25</b>

**Mail To:**

Minnesota Attorney General's Office  
 Charities Division  
 445 Minnesota Street, Suite 1200  
 St. Paul, MN 55101-2130

**Website Address:**

[www.ag.state.mn.us/charity](http://www.ag.state.mn.us/charity)

**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION**  
**ANNUAL REPORT FORM**

C2

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information**

**Legal Name of Organization** GLOBAL VOLUNTEERS

**Federal EIN:** 36-3352680

**Fiscal Year-End:** 09/30/2024

mm/dd/yyyy

Did the organization's fiscal year-end change?  Yes  No

<b>Mailing Address:</b> <hr/> Contact Person <hr/> <u>375 EAST LITTLE CANADA ROAD</u> <hr/> Street Address <hr/> <u>ST PAUL</u> <u>MN 55117</u> <hr/> City, State, and Zip Code <hr/> <u>800-487-1074</u> <hr/> Phone Number <hr/> <hr/> Email Address	<b>Physical Address:</b> <hr/> Contact Person <hr/> <u>375 EAST LITTLE CANADA ROAD</u> <hr/> Street Address <hr/> <u>ST PAUL</u> <u>MN 55117</u> <hr/> City, State, and Zip Code <hr/> <hr/> Phone Number <hr/> <hr/> Email Address
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1. Organization's website: WWW.GLOBALVOLUNTEERS.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

Alternate  Former  
 Alternate  Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

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4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ \_\_\_\_\_

6. Has the organization's tax-exempt status with the IRS changed?

Yes  No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes  No If yes, attach explanation.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)**

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8. Has the organization been denied the right to solicit contributions by any court or government agency?

Yes  No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota?  Yes  No

If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
---------------------------------	--------------

Street Address	City, State, and Zip Code
----------------	---------------------------

10. Is the organization a food shelf?  Yes  No

If yes, is the organization required to file an audit?  Yes, audit attached  No

**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000?  Yes  No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).


**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)**

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

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**SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

1. Contributions Received	\$ <u>2,267,006</u> 1
2. Government Grants	\$ <u>1,052,360</u> 2
3. Program Service Revenue	\$ _____ 3
4. Other Revenue	\$ <u>407,450</u> 4
<b>5. TOTAL INCOME</b>	<b>\$ <u>3,726,816</u> 5</b>

**EXPENSES**

6. Program Expenses	\$ <u>3,279,860</u> 6
7. Management & General Expenses	\$ <u>333,841</u> 7
8. Fund-raising Expenses	\$ <u>273,791</u> 8
<b>9. TOTAL EXPENSES</b>	<b>\$ <u>3,887,492</u> 9</b>
<b>10. EXCESS or DEFICIT</b>	<b>\$ <u>-160,676</u> 10</b>

(Line 5 minus Line 9)

**ASSETS**

11. Cash	\$ <u>90,374</u> 11
12. Land, Buildings & Equipment	\$ <u>625,375</u> 12
13. Other Assets	\$ <u>888,794</u> 13
<b>14. TOTAL ASSETS</b>	<b>\$ <u>1,604,543</u> 14</b>

**LIABILITIES**

15. Accounts Payable	\$ <u>176,646</u> 15
16. Grants Payable	\$ _____ 16
17. Other Liabilities	\$ <u>964,707</u> 17
<b>18. TOTAL LIABILITIES</b>	<b>\$ <u>1,141,353</u> 18</b>

**FUND BALANCE/NET WORTH**

(Line 14 minus Line 18)

\$ 463,190

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)**

**Section B (continued): Statement of Functional Expenses**

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
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				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
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				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. <b>Total functional expenses.</b> Add lines 1 through 24d.				
26. <b>Joint costs.</b> Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)**

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**Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the PRESIDENT \_\_\_\_\_ (Title) and \_\_\_\_\_ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, approving the contents of the document, and do hereby certify that the \_\_\_\_\_ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

BURNHAM PHILBROOK, JD

Name (Print)

Name (Print)

Signature

Signature

PRESIDENT

Title

Title

Date

Date

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

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

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 10/01/23, and ending 09/30/24

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

E Telephone number

800-487-1074

G Gross receipts \$

3,726,816

F Name and address of principal officer:

BURNHAM PHILBROOK, JD  
375 EAST LITTLE CANADA RD  
ST PAUL MN 55117H(a) Is this a group return for subordinates?  Yes  NoH(b) Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527J Website: [WWW.GLOBALVOLUNTEERS.ORG](http://WWW.GLOBALVOLUNTEERS.ORG)K Form of organization:  Corporation  Trust  Association  Other

H(c) Group exemption number

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:	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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	964
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,535,278	3,319,366
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,781	613
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	824	406,837
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,569,883	3,726,816
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	100,054	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,782,852	1,681,872
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	273,791	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,875,178	2,205,620
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,758,084	3,887,492
	19 Revenue less expenses. Subtract line 18 from line 12	-188,201	-160,676
	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	1,413,187	1,604,543
	21 Total liabilities (Part X, line 26)	789,321	1,141,353
	22 Net assets or fund balances. Subtract line 21 from line 20	623,866	463,190

## 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
	<b>BURNHAM PHILBROOK, JD</b>		<b>PRESIDENT</b>
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <b>ANGIE M. AGREY, CPA</b>	Preparer's signature <b>ANGIE M. AGREY, CPA</b>	Date <input type="checkbox"/> if self-employed 08/13/25 PTIN <b>P01345037</b>
	Firm's name <b>LETHERT, SKWIRA, SCHULTZ &amp; CO. LLP</b>	Firm's EIN <b>41-0738189</b>	
	170 7TH PL E STE 100 SAINT PAUL, MN 55101-2361	Phone no. <b>651-224-5721</b>	

May the IRS discuss this return with the preparer shown above? See instructions

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2023)

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

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 \$ **3,279,860** including grants of \$ ..... ) (Revenue \$ ..... )  
**SEE SCHEDULE O**4b (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )  
**N/A**4c (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )  
**N/A**

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

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

4e Total program service expenses **3,279,860**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....

2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions .....

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .....

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V .....

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....

b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....

c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....

d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .....

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .....

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions .....

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....

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? If "Yes," complete Schedule I, Parts I and II .....

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		
21	X	

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	0
b	Enter the number of Forms W-2G included on 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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2a	27	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 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 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		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? .....	13a		
<b>Note:</b> 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 on Schedule O .....	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15	X	
If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	X	
If "Yes," complete Form 4720, Schedule O.				
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	17		
If "Yes," complete Form 6069.				

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	12
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1b	9
b	Enter the number of voting members included on line 1a, above, who are independent .....	2	<input checked="" type="checkbox"/>
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? .....	3	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	4	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	5	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	6	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders? .....	7a	<input checked="" type="checkbox"/>
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? .....	7b	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	8a	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8b	<input checked="" type="checkbox"/>
a	The governing body? .....	9	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body? .....		
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 on Schedule O .....		

**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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy? .....	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy? .....	15	
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?	15a	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official .....	15b	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization .....	16a	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	16b	
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? .....		
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? .....		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed .....	IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.	
	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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.	

JACOB PHILBROOK

375 E LITTLE CANADA RD

ST PAUL

MN 55117

800-487-1074

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Individual trustee	Institutional trustee	Officer	Key employee			
(1) BURNHAM PHILBROOK, JD PRESIDENT	60.00 0.00	X		X			0	0	0
(2) MICHELE GRAN, MN VICE PRESIDENT	40.00 0.00	X		X			0	0	0
(3) SAM HANSON, JD TREASURER	5.00 0.00	X		X			0	0	0
(4) ANDREW PHILBROOK SECRETARY	40.00 0.00				X		0	0	0
(5) STEFANIE JOHNSON DIRECTOR	5.00 0.00	X					0	0	0
(6) KEITH KRESGE, JD DIRECTOR	5.00 0.00	X					0	0	0
(7) GAIL KULICK, JD DIRECTOR	5.00 0.00	X					0	0	0
(8) MIKE MOORMAN DIRECTOR	5.00 0.00	X					0	0	0
(9) DEBORAH POLLARD, MPP DIRECTOR	5.00 0.00	X					0	0	0
(10) JOHN TAYLOR DIRECTOR	5.00 0.00	X					0	0	0
(11) TODD LEFKO, MA TRUSTEE	5.00 0.00	X					0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Former Officer	Key employee	Highest compensated employee	Former Institutional trustee	Former Individual trustee or director	Former Officer				
(12) SUE LAXDAL (12) DIRECTOR	5.00 0.00	X							0	0	0
(13) .....											
(14) .....											
(15) .....											
(16) .....											
(17) .....											
(18) .....											
(19) .....											
<b>1b Subtotal</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

	Yes	No
3	X	
4	X	
5	X	

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>0</b>	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>1b</b> Membership dues .....	<b>1b</b>				
	<b>1c</b> Fundraising events .....	<b>1c</b>				
	<b>1d</b> Related organizations .....	<b>1d</b>				
	<b>1e</b> Government grants (contributions) .....	<b>1,052,360</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> <b>2,267,006</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f .....	<b>3,319,366</b>				
<b>Program Service Revenue</b>	Business Code					
	<b>2a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>613</b>			<b>613</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	<b>6b</b>					
	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less: cost or other basis and sales exps.						
<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss) .....						
<b>8a</b> Gross income from fundraising events (not including \$ .....	<b>8a</b>					
of contributions reported on line 1c). See Part IV, line 18 .....	<b>8b</b>					
<b>b</b> Less: direct expenses .....						
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	Business Code					
	<b>11a OTHER REVENUE</b> .....		<b>406,837</b>	<b>406,837</b>		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		<b>406,837</b>			
<b>12 Total revenue.</b> See instructions .....		<b>3,726,816</b>	<b>406,837</b>	<b>0</b>	<b>613</b>	

**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 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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 .....	<b>382,366</b>	<b>304,278</b>	<b>30,781</b>	<b>47,307</b>
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 .....	<b>1,083,898</b>	<b>862,566</b>	<b>87,254</b>	<b>134,078</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	<b>107,713</b>	<b>86,170</b>	<b>8,617</b>	<b>12,926</b>
10 Payroll taxes .....	<b>107,895</b>	<b>86,316</b>	<b>8,632</b>	<b>12,947</b>
11 Fees for services (nonemployees):				
a Management .....	<b>216,769</b>	<b>172,500</b>	<b>17,450</b>	<b>26,819</b>
b Legal .....	<b>77</b>		<b>77</b>	
c Accounting .....				
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 Schedule O) .....	<b>10,418</b>	<b>8,290</b>	<b>839</b>	<b>1,289</b>
12 Advertising and promotion .....	<b>138,456</b>	<b>121,326</b>		<b>17,130</b>
13 Office expenses .....	<b>19,966</b>	<b>8,564</b>	<b>10,118</b>	<b>1,284</b>
14 Information technology .....	<b>55,371</b>	<b>44,296</b>	<b>4,430</b>	<b>6,645</b>
15 Royalties .....				
16 Occupancy .....	<b>84,591</b>		<b>84,591</b>	
17 Travel .....	<b>11,826</b>	<b>9,461</b>	<b>946</b>	<b>1,419</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	<b>2,350</b>	<b>1,880</b>	<b>188</b>	<b>282</b>
20 Interest .....	<b>55,320</b>		<b>55,320</b>	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	<b>29,053</b>	<b>29,053</b>		
23 Insurance .....	<b>59,451</b>	<b>47,561</b>	<b>4,756</b>	<b>7,134</b>
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SERVICE PROGRAM TRIPS .....	<b>777,244</b>	<b>777,244</b>		
b OTHER PROGRAM EXPENSE .....	<b>636,370</b>	<b>636,370</b>		
c CREDIT CARD AND BANK FEE .....	<b>53,775</b>	<b>53,775</b>		
d TRAINING AND DEVELOPMENT .....	<b>37,762</b>	<b>30,210</b>	<b>3,021</b>	<b>4,531</b>
e All other expenses .....	<b>16,821</b>		<b>16,821</b>	
25 Total functional expenses. Add lines 1 through 24e .....	<b>3,887,492</b>	<b>3,279,860</b>	<b>333,841</b>	<b>273,791</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing .....	<b>144,831</b>	1	<b>90,374</b>
	2 Savings and temporary cash investments .....	<b>201,745</b>	2	
	3 Pledges and grants receivable, net .....	<b>341,112</b>	3	<b>777,188</b>
	4 Accounts receivable, net .....	<b>574</b>	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	<b>8,736</b>	8	<b>8,736</b>
	9 Prepaid expenses and deferred charges .....	<b>41,663</b>	9	<b>38,491</b>
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>1,036,100</b>		
	10b Less: accumulated depreciation .....	<b>410,725</b>	10c	<b>625,375</b>
	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 .....	<b>64,379</b>	15	<b>64,379</b>
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>1,413,187</b>	16	<b>1,604,543</b>
Liabilities	17 Accounts payable and accrued expenses .....	<b>92,095</b>	17	<b>176,646</b>
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	<b>163,661</b>	22	<b>160,355</b>
	23 Secured mortgages and notes payable to unrelated third parties .....	<b>469,186</b>	23	<b>681,050</b>
	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 .....	<b>64,379</b>	25	<b>123,302</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>789,321</b>	26	<b>1,141,353</b>
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	<b>-43,375</b>	27	<b>-157,640</b>
	28 Net assets with donor restrictions .....	<b>667,241</b>	28	<b>620,830</b>
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	<b>623,866</b>	32	<b>463,190</b>
	<b>33 Total liabilities and net assets/fund balances</b> .....	<b>1,413,187</b>	33	<b>1,604,543</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	3,726,816
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	3,887,492
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	-160,676
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	623,866
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	463,190

**Part XII Financial Statements and Reporting**Check 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 on 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
2b 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c 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 on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2023)

**SCHEDULE A**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2023****Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.****Open to Public  
Inspection**

Name of the organization

**GLOBAL VOLUNTEERS**

Employer identification number

**36-3352680****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_  
 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  
 a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
 b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
 c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
 d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
 f Enter the number of supported organizations \_\_\_\_\_  
 g Provide the following information about the supported organization(s). \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....				3,535,278	3,319,366	6,854,644
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 <b>Total.</b> Add lines 1 through 3 .....				3,535,278	3,319,366	6,854,644
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 .....						6,854,644

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4 .....				3,535,278	3,319,366	6,854,644
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				33,781	613	34,394
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.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						6,889,038
12 Gross receipts from related activities, etc. (see instructions) .....					12	407,661
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) .....	14	99.50 %
15 Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	99.05 %
16a <b>33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test — 2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test — 2022.</b> 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 <b>stop here</b> . 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 <b>Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First 5 years.</b> 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**

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17 .....	18	%
19a <b>33 1/3% support tests — 2023.</b> 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 .....		<input type="checkbox"/>
<b>b 33 1/3% support tests — 2022.</b> 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 .....		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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?

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).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
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).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- 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.
- Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- 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.

	Yes	No
3a		
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.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see <b>instructions</b> )	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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 <b>instructions</b> )	<b>6</b>		
<b>7</b> Other expenses (see <b>instructions</b> )	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see <b>instructions</b> for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see <b>instructions</b> ).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C – Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see <b>instructions</b> ).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see <b>instructions</b> ).			

## 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018 .....			
b From 2019 .....			
c From 2020 .....			
d From 2021 .....			
e From 2022 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 .....			
b Excess from 2020 .....			
c Excess from 2021 .....			
d Excess from 2022 .....			
e Excess from 2023 .....			

**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.)

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

Employer identification number

**GLOBAL VOLUNTEERS****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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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 make 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 program  
 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.

	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.

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 .....

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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 Term endowment ..... %

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

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

(i) Unrelated organizations? .....

(ii) Related organizations? .....

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

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

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

**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 .....		834,580	254,032	580,548
c Leasehold improvements .....				
d Equipment .....				
e Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) **580,548**

**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) .....		
<b>Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) .....</b>		

**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)		
<b>Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) .....</b>		

**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)	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) .....</b>	

**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) <b>OPERATING LEASE LIABILITY</b>		<b>64,379</b>
(3)		<b>58,923</b>
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....</b>		<b>123,302</b>

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

**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	<b>3,726,816</b>
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	
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	<b>3,726,816</b>
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	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	<b>3,726,816</b>

**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	<b>3,887,492</b>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	<b>3,887,492</b>
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	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	<b>3,887,492</b>

**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.

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**Part XIII Supplemental Information (continued)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**
**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
SUB SAHARAN AFRICA					
(1)	1	40	PROGRAM SERVICES	ESSENTIAL SERVICES	
CENTRAL AMERICA AND CARIBBEAN					
(2)	1	1	PROGRAM SERVICES	TEACHING ENGLISH	
EUROPE					
(3)	3	4	PROGRAM SERVICES	TEACHING ENGLISH	
SOUTH AMERICA					
(4)	1	4	PROGRAM SERVICES	CHILDREN'S CENTER	
MIDDLE EAST					
(5)	1	1	PROGRAM SERVICES	ESSENTIAL SERVICES	
EAST ASIA					
(6)	2	2	PROGRAM SERVICES	ESSENTIAL SERVICES	
SOUTH ASIA					
(7)	1	1	PROGRAM SERVICES	ESSENTIAL SERVICES	
SUB SAHARAN AFRICA					
(8)			INVESTMENT		
CENTRAL AMERICA AND CARIBBEN					
(9)			INVESTMENT		
EUROPE					
(10)			INVESTMENT		
SOUTH AMERICA					
(11)			INVESTMENT		
EAST ASIA					
(12)			INVESTMENT		
SOUTH ASIA					
(13)			INVESTMENT		
(14)					
(15)					
(16)					
(17)					
3a Subtotal .....	10	53			
b Total from continuation sheets to Part I .....					
c Totals (add lines 3a and 3b)	10	53			

**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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 .....

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see the 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 the 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 the 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 the 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 the 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 the 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 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
SUB SAHARAN AFRICA	\$ 0	\$ 0
CENTRAL AMERICA AND CARIBBEAN	\$ 0	\$ 0
EUROPE	\$ 0	\$ 0
SOUTH AMERICA	\$ 0	\$ 0
MIDDLE EAST	\$ 0	\$ 0
EAST ASIA	\$ 0	\$ 0
SOUTH ASIA	\$ 0	\$ 0
SUB SAHARAN AFRICA	\$ 0	\$ 0
CENTRAL AMERICA AND CARIBBEAN	\$ 0	\$ 0
EUROPE	\$ 0	\$ 0
SOUTH AMERICA	\$ 0	\$ 0
EAST ASIA	\$ 0	\$ 0
SOUTH ASIA	\$ 0	\$ 0

**PART V - ADDITIONAL INFORMATION****PART V - ADDITIONAL INFORMATION****PART I, LINE 3, COLUMN (E):**

**REGION: EUROPE**

**SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS TEACH CONVERSATIONAL ENGLISH TO ELEMENTARY, HIGH SCHOOL, AND SUMMER SCHOOL SETTINGS. VOLUNTEERS PROVIDE UKRAINIAN REFUGEE FAMILIES RELIEF AND PSYCHOSOCIAL SUPPORT. VOLUNTEERS ENGAGE WITH SCHOOL-AGE UKRAINIAN AND POLISH CHILDREN DURING SUMMER CAMPS.**

**REGION: SOUTH AMERICA**

**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.

**SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS WORK AT A LARGE DAY SCHOOL AND CHILD CENTER ON A VARIETY OF PROJECTS INCLUDING, LIGHT LABOR, ASSISTING WITH DAY CARE, TEACHING ENGLISH AND OTHER SUBJECTS, PROVIDING MEDICAL SERVICES SUCH AS CHECK UPS, DENTAL CARE, ETC.**

**REGION: SUB-SAHARAN AFRICA**

**SPECIFIC TYPES OF SERVICES IN REGION: VOLUNTEERS HELP PARENTS AND COMMUNITY MEMBERS DELIVER THE 12 ESSENTIAL SERVICES PRESCRIBED BY UN AGENCIES SO THAT CHILDHOOD STUNTING CAN BE ELIMINATED AND ALL CHILDREN CAN REACH THEIR FULL POTENTIAL. VOLUNTEER PROFESSIONALS CONDUCT INTERACTIVE WORKSHOPS WITH PREGNANT WOMEN, PARENTS OF CHILDREN TWO YEARS AND YOUNGER AND WOMEN OF CHILDBEARING AGE, ACCOMPANY THE RCP CAREGIVERS ON THEIR WEEKLY HOME VISITS, DEMONSTRATE PROPER HAND WASHING WITH SOAP AND WATER, HELP ASSEMBLE HOUSEHOLD HAND WASHING STATIONS SO PARENTS CAN ENSURE THEY AND 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 AND SECONDARY SCHOOL, TEACH/TUTOR ENGLISH, MATH, SCIENCE, AND HEALTH AT THE PRIMARY SCHOOL, TEACH/ TUTOR SECONDARY SCHOOL STUDENTS IN ENGLISH, MATH, BIOLOGY, CHEMISTRY, PHYSICS, AND PHYSICAL GEOGRAPHY AND HELP REPAIR CLASSROOMS. VOLUNTEERS WITH MEDICAL BACKGROUND ASSIST 6 MEDICAL STAFF AT THE IPALAMWA GENERAL CLINIC.**

**PART II, COLUMN (H):**

**REGION: ST LUCIA**

**DESCRIPTION OF NON-CASH ASSISTANCE: 6 SEWING MACHINES, PROJECT TRANSPORTATION, SUMMER SCHOOL LUNCHES**

**REGION: ITALY**

**DESCRIPTION OF NON-CASH ASSISTANCE: INTEX RECTANGULAR POOL/FILTER, GOUACHE**

**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.

**BRUSH SET, VOLLEYBALLS, MODELING CLAY, BASKETBALLS, SOCCER BALLS,**

**EDUCATIONAL MATERIALS FOR SUMMER CAMPS**

**REGION: EUROPE**

**DESCRIPTION OF NON-CASH ASSISTANCE: FIELD TRIP TICKETS AND EDUCATIONAL MATERIALS FOR SUMMER CAMPS**

**REGION: SOUTH AMERICA**

**DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS AND SUPPLIES TO SUPPORT THE REACHING CHILDREN'S POTENTIAL PROGRAM INCLUDING BUT NOT LIMITED TO TRANSPORTATION FOR PARENT WORKSHOPS AND HOME VISITS, MATERIALS AND SUPPLIES TO IMPROVE THE SCHOOL AND CHILDREN'S CENTER, AND STAFF COMPENSATION TO CONDUCT THE PROGRAM**

**REGION: SUB-SAHARAN AFRICA**

**DESCRIPTION OF NON-CASH ASSISTANCE: MATERIALS AND SUPPLIES TO SUPPORT THE REACHING CHILDREN'S POTENTIAL PROGRAM INCLUDING BUT NOT LIMITED TO TRANSPORTATION FOR PARENT WORKSHOPS AND HOME VISITS, MEDICINES AND SUPPLIES FOR THE HEALTH CLINIC, SUPPLIES FOR MATERNAL WAITING HOUSE, MATERIALS AND SUPPLIES FOR HOUSEHOLD CHICKEN COOPS, CONTAINER GARDENS, HANDWASHING STATIONS, AND FUEL-EFFICIENT STOVES, PREPACKAGED NUTRITIOUS MEALS FOR WOMEN, TODDLERS, AND PRIMARY SCHOOL STUDENTS, AND STAFF COMPENSATION TO CONDUCT THE PROGRAM.**

**REGION: CENTRAL AMERICA AND THE CARIBBEAN**

**DESCRIPTION OF NON-CASH ASSISTANCE: SEWING MACHINES, WOOD SCREWS, PROJECT TRANSPORTATION, SCHOOL LUNCHES, AND ENGLISH AND VBS SUPPLIES**

**SCHEDULE L**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,  
28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

GLOBAL VOLUNTEERS

Employer identification number

36-3352680

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 .....

\$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .....

\$

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1)			X	167,000	160,355	X	X				X
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
<b>Total</b>						\$	160,355				

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

DAA

Schedule L (Form 990) 2023

**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 org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**SCHEDULE L, PART V - ADDITIONAL INFORMATION****SCHEDULE L, PART V - ADDITIONAL INFORMATION****P&G ASSOCIATES IS OWNED BY BURNHAM PHILBROOK, PRESIDENT, AND MICHELE GRAN,****VICE PRESIDENT**

**SCHEDULE O**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

 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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2023**Open to Public  
Inspection

Name of the organization

**GLOBAL VOLUNTEERS**

Employer identification number

**36-3352680**
**FORM 990, PART III - ADDITIONAL INFORMATION**
**BELOW DATA ARE NOT EXHAUSTIVE, BUT PROVIDE HIGHLIGHTS OF**
**GLOBAL VOLUNTEERS' SERVICE ACCOMPLISHMENTS IN VARIOUS COUNTRIES DURING FY23.**

**CUBA:** VOLUNTEERS PRACTICE CONVERSATIONAL ENGLISH WITH YOUTH AND ADULTS, WORK IN COMMUNITY GARDENS, SUPPORT AND ASSIST SENIORS, MAKE CRAFTS WITH A LOCAL WOMEN'S COOPERATIVE, AND HELP WITH LIGHT CONSTRUCTION AND/OR PAINTING.

**TANZANIA:** THE PREVALENCE OF CHILDHOOD STUNTING WAS SIGNIFICANTLY REDUCED IN FAMILIES ENROLLED IN GLOBAL VOLUNTEERS' REACHING CHILDREN'S POTENTIAL (RCP) PROGRAM, AS REPORTED BY THE TANZANIA FOOD AND NUTRITION CENTER, A DIVISION OF THE TANZANIA MINISTRY OF HEALTH. RCP IS A CHILD-FOCUSED, PARENT-DRIVEN, COMMUNITY-LED, AND VOLUNTEER-SUPPORTED COMPREHENSIVE PROGRAM THAT INVESTS IN CHILDREN'S AND MOTHERS' NUTRITION, HEALTH, AND EDUCATION BEGINNING WITH PREGNANCY, CONTINUING THROUGH THE 18TH BIRTHDAY, AND FOCUSING ON THE FIRST 1,000 DAYS OF LIFE. ALL COMPONENTS ARE IMPLEMENTED AND DIRECTED BY LOCAL PEOPLE WITH THE CATALYTIC SUPPORT OF LOCAL STAFF AND EXTERNAL VOLUNTEERS. VOLUNTEERS HELP PARENTS AND COMMUNITY MEMBERS DELIVER THE 12 ESSENTIAL SERVICES PRESCRIBED BY UN AGENCIES SO THAT CHILDHOOD STUNTING CAN BE ELIMINATED, AND ALL CHILDREN CAN REACH THEIR FULL POTENTIAL.

VOLUNTEER PROFESSIONALS CONDUCT INTERACTIVE PARENT WORKSHOPS; PROVIDE PREGNANT WOMEN, PARENTS OF CHILDREN TWO YEARS AND YOUNGER, AND SCHOOL-AGE CHILDREN WITH NUTRITIOUS MEALS DAILY; ACCOMPANY THE STAFF CAREGIVERS ON THEIR WEEKLY HOME VISITS; DEMONSTRATE PROPER HAND WASHING WITH SOAP AND WATER; HELP ASSEMBLE HOUSEHOLD HAND WASHING STATIONS SO PARENTS CAN ENSURE THEY AND THEIR CHILDREN HAVE ACCESS TO APPROPRIATE HYGIENE, , TEACH/TUTOR

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ENGLISH, MATH, SCIENCE, AND HEALTH AT THE PRIMARY SCHOOL, TEACH/ TUTOR SECONDARY SCHOOL STUDENTS IN ENGLISH, MATH, BIOLOGY, CHEMISTRY, PHYSICS, AND PHYSICAL GEOGRAPHY AND HELP REPAIR CLASSROOMS. VOLUNTEERS WITH MEDICAL BACKGROUNDS ASSIST 6 MEDICAL STAFF AT THE IPALAMWA GENERAL CLINIC.

POLAND: VOLUNTEERS TEACH CONVERSATIONAL ENGLISH TO ELEMENTARY, HIGH SCHOOL, AND SUMMER SCHOOL SETTINGS. VOLUNTEERS PROVIDE UKRAINIAN REFUGEE FAMILIES RELIEF AND PSYCHOSOCIAL SUPPORT. VOLUNTEERS ENGAGE WITH SCHOOL-AGE UKRAINIAN AND POLISH CHILDREN DURING SUMMER CAMPS

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

BELOW DATA ARE NOT EXHAUSTIVE, BUT PROVIDE HIGHLIGHTS OF GLOBAL VOLUNTEERS' SERVICE ACCOMPLISHMENTS IN VARIOUS COUNTRIES DURING FY23.

CUBA: VOLUNTEERS PRACTICE CONVERSATIONAL ENGLISH WITH YOUTH AND ADULTS, WORK IN COMMUNITY GARDENS, SUPPORT AND ASSIST SENIORS, MAKE CRAFTS WITH A LOCAL WOMEN'S COOPERATIVE, AND HELP WITH LIGHT CONSTRUCTION AND/OR PAINTING.

TANZANIA: THE PREVALENCE OF CHILDHOOD STUNTING WAS SIGNIFICANTLY REDUCED IN FAMILIES ENROLLED IN GLOBAL VOLUNTEERS' REACHING CHILDREN'S POTENTIAL (RCP) PROGRAM, AS REPORTED BY THE TANZANIA FOOD AND NUTRITION CENTER, A DIVISION OF THE TANZANIA MINISTRY OF HEALTH. RCP IS A CHILD-FOCUSED, PARENT-DRIVEN, COMMUNITY-LED, AND VOLUNTEER-SUPPORTED COMPREHENSIVE PROGRAM THAT INVESTS IN CHILDREN'S AND MOTHERS' NUTRITION, HEALTH, AND EDUCATION BEGINNING WITH PREGNANCY, CONTINUING THROUGH THE 18TH BIRTHDAY, AND FOCUSING ON THE FIRST 1,000 DAYS OF LIFE. ALL COMPONENTS ARE IMPLEMENTED AND DIRECTED BY LOCAL PEOPLE WITH THE CATALYTIC SUPPORT OF LOCAL STAFF AND EXTERNAL VOLUNTEERS.

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VOLUNTEERS HELP PARENTS AND COMMUNITY MEMBERS DELIVER THE 12 ESSENTIAL SERVICES PRESCRIBED BY UN AGENCIES SO THAT CHILDHOOD STUNTING CAN BE ELIMINATED, AND ALL CHILDREN CAN REACH THEIR FULL POTENTIAL. VOLUNTEER PROFESSIONALS CONDUCT INTERACTIVE PARENT WORKSHOPS; PROVIDE PREGNANT WOMEN, PARENTS OF CHILDREN TWO YEARS AND YOUNGER, AND SCHOOL-AGE CHILDREN WITH TWO NUTRITIOUS MEALS DAILY; ACCOMPANY THE STAFF CAREGIVERS ON THEIR WEEKLY HOME VISITS; DEMONSTRATE PROPER HAND WASHING WITH SOAP AND WATER; HELP ASSEMBLE HOUSEHOLD HAND WASHING STATIONS SO PARENTS CAN ENSURE THEY AND THEIR CHILDREN HAVE ACCESS TO APPROPRIATE HYGIENE, , TEACH/TUTOR ENGLISH, MATH, SCIENCE, AND HEALTH AT THE PRIMARY SCHOOL, TEACH/ TUTOR SECONDARY SCHOOL STUDENTS IN ENGLISH, MATH, BIOLOGY, CHEMISTRY, PHYSICS, AND PHYSICAL GEOGRAPHY AND HELP REPAIR CLASSROOMS. VOLUNTEERS WITH MEDICAL BACKGROUNDS ASSIST 6 MEDICAL STAFF AT THE IPALAMWA GENERAL CLINIC.

POLAND: VOLUNTEERS TEACH CONVERSATIONAL ENGLISH TO ELEMENTARY, HIGH SCHOOL, AND SUMMER SCHOOL SETTINGS. VOLUNTEERS PROVIDE UKRAINIAN REFUGEE FAMILIES RELIEF AND PSYCHOSOCIAL SUPPORT. VOLUNTEERS ENGAGE WITH SCHOOL-AGE UKRAINIAN AND POLISH CHILDREN DURING SUMMER CAMPS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

BURNHAM PHILIBROOK

MICHELLE GRAN

PRESIDENT

VICE PRES

FAMILY

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

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

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**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

THERE ARE FIVE STOCKHOLDERS, EACH OF WHOM HAS THE RIGHT TO CUMULATE HIS OR HER VOTE IN THE ELECTION OF DIRECTORS AND PURSUANT TO THE PROVISIONS CONTAINED AND PROCESS DEFINED IN MN STATUTES SECTION 317A.215. HOWEVER, THE CONSISTENT APPROACH OVER THE PAST TWO DECADES HAS BEEN TO ELECT DIRECTORS BY UNANIMOUS CONSENT OF ALL THE STOCKHOLDERS

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
**NO REVIEW WAS OR WILL BE CONDUCTED.****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

WE EMPLOY THE HONOR SYSTEM WHERE 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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**  
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

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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 HEALTH INSURANCE, THE LAST TIME THE PRESIDENT'S COMPENSATION WAS MODIFIED WAS IN 2010.

IN 2021, GLOBAL VOLUNTEERS STOPPED PAYING ALL HEALTH INSURANCE PREMIUMS FOR THE PRESIDENT AND VICE PRESIDENT. IN LIEU THEREOF, THE COMPANY INCREASED THE PRESIDENT'S COMPENSATION BY APPROXIMATELY THE AMOUNT GLOBAL VOLUNTEERS CONTRIBUTED TOWARD THE OFFICERS' COMBINED HEALTH INSURANCE IN 2020. THIS AMOUNT WAS REDUCED BY THE AMOUNT GLOBAL VOLUNTEERS WAS REQUIRED TO PAY FOR FICA ON THE ADDITIONAL SALARY. THE BOARD OF DIRECTORS RESOLUTION AUTHORIZING THIS CHANGE IN COMPENSATION SPECIFICALLY STATED, "THIS INCREASE IN BURNHAM PHILBROOK'S SALARY SHALL NOT BE CONSIDERED OR CONSTRUED AS A RAISE IN TOTAL COMPENSATION, BUT RATHER A SUBSTITUTE PAYMENT OF SALARY IN PLACE OF HEALTH INSURANCE." IN FYE23, THE VICE PRESIDENT'S SALARY WAS INCREASED BY 10%, AS WAS THE COMPENSATION OF MOST STAFF OTHER THAN THE PRESIDENT, TO ACCOUNT FOR RECENT YEARS' INFLATION

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED  
 MANITOBA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO,  
 NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON,  
 PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH,  
 VERMONT, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN, WYOMING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.