** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990 rtax year beginning JUL 1, 2013 and ending JUN 30, 2014

Open to Public

| _ | For the | 2013 calendar year, or tax year beginning JUL 1, 2013 | and ending | JUN 30, 2014 | • | | |
|-----------------------------|---------------------|--|----------------------|------------------------------|-------------------------------|--|--|
| _ | | | and ending | | | | |
| R | Check if applicable | C Name of organization | | D Employer identifi | cation number | | |
| | Addres | S Clabel Cabelera | | | | | |
| 늗 | lchange Name | | | ⊣ | C07401 | | |
| F | change Initial | <u> </u> | 1 | | 627401 | | |
| Ļ | return | Number and street (or P.O. box if mail is not delivered to street address) | | | | | |
| Ļ | Termin ated | 10100 W: 0/111 51: | 303 | 913- | 962-4422 | | |
| L | Amend | City or town, state or province, country, and ZIP or foreign postal of | code | G Gross receipts \$ | 2,132,447. | | |
| | Application | Overland Park, KS 00212 | | H(a) Is this a group re | eturn | | |
| | pendin | F Name and address of principal officer: Stan Wallace | | for subordinates | ? Yes X No | | |
| | | 10100 W 87TH ST, Overland Park, KS | 66212 | H(b) Are all subordinates in | ncluded? Yes No | | |
| \overline{I} | Tax-exe | empt status: $X = 501(c)(3)$ $= 501(c)($) $= (insert no.)$ $= 45$ | 947(a)(1) or 5 | | list. (see instructions) | | |
| | | e:▶ www.global-scholars.org | | H(c) Group exemptio | | | |
| | | organization: X Corporation Trust Association Other | L Ye | | A State of legal domicile: NC | | |
| | | Summary | , - | <u> </u> | ·- • | | |
| _ | 1 | Briefly describe the organization's mission or most significant activities: | To establ | lish and staf | f Christian | | |
| ĕ | | studies departments and place Christ | ian profe | essors who te | ach a | | |
| na | | Check this box if the organization discontinued its operations | | | | | |
| Ş | 1 | | ا م ا | 13 | | | |
| ၓ | | Number of independent voting members of the governing body (Part VI, Illia 12) | | | 11 | | |
| <u>ფ</u> | | Total number of individuals employed in calendar year 2013 (Part V, line | | | 12 | | |
| ij | | Total number of violunteers (estimate if necessary) | | | 14 | | |
| Activities & Governance | | Total number of volunteers (estimate in necessary) Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| ĕ | | | | | 0. | | |
| _ | l D | Net unrelated business taxable income from Form 990-T, line 34 | | | | | |
| | , , | Contributions and avanta (Dart VIII line 11) | - | Prior Year 2,130,071. | Current Year 1,946,908. | | |
| ine | 8 | Contributions and grants (Part VIII, line 1h) | | 143,100. | 159,050. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 640. | 1,617. | | |
| æ | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -6,985. | 0. | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,266,826. | 2,107,575. | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), | | 1,471,397. | 1,323,019 | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 1,4/1,39/. | | | |
| | | | | 617,700. | 0. 619,273. | | |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lin | | 0. | 019,273. | | |
| ë | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | | 0. | 0. | | |
| 꼾 | b | | | 227 002 | 202 670 | | |
| _ | 1/ (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 237,802. | 282,678. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,326,899. | 2,224,970. | | |
| . (/ | | Revenue less expenses. Subtract line 18 from line 12 | | -60,073. | -117,395. | | |
| Net Assets or Find Balances | | | | Beginning of Current Year | End of Year | | |
| Sset | 20 | Total assets (Part X, line 16) | | 794,245. | 662,277. | | |
| TA A | 21 | Total liabilities (Part X, line 26) | | 34,092. | 18,519. | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 760,153. | 643,758. | | |
| | art II | Signature Block | | | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying | | | y knowledge and belief, it is | | |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all informa | ation of which prepa | rer has any knowledge. | | | |
| | | Cianatura of officer | | Doto | | | |
| Sig | ın | Signature of officer | | Date | | | |
| He | re | Stan Wallace, President | | | | | |
| | | Type or print name and title | | I Doto | II DTIN | | |
| _ | | Print/Type preparer's name Preparer's signature | | Date Check L | PTIN | | |
| Pai | | John A. Parrish John A. Par | rish | self-employ | | | |
| | | Firm's name KELLER & OWENS, LLC | | Firm's EIN ▶ | 48-1195228 | | |
| Use | Only | Firm's address 10955 LOWELL AVE, STE 800 | | | 4.0 | | |
| _ | | OVERLAND PARK, KS 66210 | | Phone no. (9 | 13) 338-3500 | | |
| Ma | v the IF | RS discuss this return with the preparer shown above? (see instructions) | | _ | X Yes No | | |

| Pai | Statement of Program Service Accomplishments | v |
|-----------|---|------------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | mage the |
| | The mission of Global Scholars is to bring glory to God and in | b |
| | world by developing godly leaders for every sector of society | by hionol |
| | providing key universities outside of North America with education services and resources and by placing Christian professors who | |
| | | teach |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | Yes X No |
| | the prior Form 990 or 990-EZ? | □ Yes 🕰 No |
| • | If "Yes," describe these new services on Schedule O. | Yes X No |
| 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 | • |
| | 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. (Code:) (Expenses \$1,571,793. including grants of \$1,323,019.) (Revenue \$) | 159 050 \ |
| 44 | (Code:)(Expenses \$\frac{1,571,793.}{\text{including grants of \$}} = \frac{1,323,019.}{\text{full-time pro}} (Revenue \$\frac{1}{\text{Full-time pro}} = \frac{1}{\text{full-time pro}} = \frac{1} | fessors |
| | in 26 nations serving in many universities, teaching thousands | |
| | students. GS professors serve the needs of the university wit | - h |
| | excellence, teaching their fields from a Christian worldview. | They |
| | pray for their students and faculty colleagues, build relation | |
| | with them, and share the Good News both in the university and | beyond. |
| | Individual lives are transformed and over time the culture may | |
| | renewed and changed as well. | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| 4c | (Code:) (Expenses \$ |) |
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| | Other presumes any inco (Decaribe in Cahadula C.) | |
| 4d | Other program services (Describe in Schedule O.) | , |
| 1- | (Expenses \$\text{ including grants of \$}\tag{Revenue \$}\tag{Revenue \$}\tag{Total program service expenses }\tag{1,571,793.} |) |
| <u>4e</u> | Total program service expenses ► 1,5/1,/93. | Form 990 (2013) |
| | | (2013) |

Part IV | Checklist of Required Schedules

| | | | Yes | No | | |
|-----|---|-----|-----|----|--|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | | | |
| | If "Yes," complete Schedule A | 1 | X | | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х | | |
| 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 | 4 | | Х | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х | | |
| 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 | 6 | | Х | | |
| 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 | 7 | | Х | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х | | |
| 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 | 9 | | X | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х | | |
| 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. | | | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | х | | | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X | | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | 7.7 | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | 37 | | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | Х | | | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Λ | | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 100 | | Х | | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | | | | |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х | | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | X | | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X | | |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | | | | |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | | | |
| | | | ~~~ | | | |

Form **990** (2013)

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|------|-----|-----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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 | | Х |
| 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 | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | 7.7 |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | v |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Λ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | Х |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | 21 |
| 32 | Cabadyda N. Davit II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - 02 | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 7.7 | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

Form **990** (2013)

Form 990 (2013) Global Scholars 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 | 9 | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and r | | ble gaming | | | | | | |
| | (gambling) winnings to prize winners? | | | 1c | | | | | |
| 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 | 12 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | rns? | | 2b | Х | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | Х | | | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | | | | | | | | |
| 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 | accou | nt)? | 4a | | X | | | |
| b | If "Yes," enter the name of the foreign country: ► | | | | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | Accou | nts. | | | | | | |
| 5а | | | | 5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | 5b | | Х | | | |
| | 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 | | | | | ., | | | |
| | 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 contribut | | - | | | | | | |
| _ | were not tax deductible? | | | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | ndooo r | royidad to the naver | _ | | Х | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | | | 7a | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | \vdash | | | | |
| С | to file Form 8282? | as rec | uireu | 7c | | х | | | |
| 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 of | | ct? | 7e | | Х | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti | | | 7f | | Х | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fe | | | 7g | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation f | ile a Form 1098-C? | 7h | | | | | |
| 8 | $Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ D$ | id the s | upporting | | | | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any tin | ne during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | ı | ı | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | 1 | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | l | | | | | | | |
| 40 | amounts due or received from them.) | 11b | | 40 | | | | | |
| _ | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 | ? | 12a | | | | | |
| b 12 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 13a | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note See the instructions for additional information the organization must report on Schedule O | | | | | | | | | |
| h | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| D | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | |
| | | | | 14a | | Х | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | | | 14b | | | | | |
| | , | | | | 990 | (2013) | | | |

Form 990 (2013) Global Scholars 56-1627401 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | • | | | | | | | | |
|---|--|---------|-----|--------------|--|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | | |
| Sec | tion A. Governing Body and Management | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year la | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | | |
| b | | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | Х | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | |
| | more members of the governing body? | 7a | | X | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | | |
| | persons other than the governing body? | 7b | | _X_ | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | |
| а | The governing body? | 8a | Х | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | _ <u>X</u> _ | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10b | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | | | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | |
| | a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 12b | Х | | | | | | | | |
| C | | 12c | х | | | | | | | | |
| 13 | | 13 | X | | | | | | | | |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | .7 | | | | | | | | | |
| - | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | | | | | | | | |
| | Other officers or key employees of the organization | 15b | Х | | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | |
| | taxable entity during the year? | 16a | | Х | | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | | |
| <u>Sec</u> | tion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, CT, DE, FL, GA, IL | | | , ME | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (| availab | le | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza $THE\ ORGANIZATION\ -\ 913-962-4422$ | tion: | | | | | | | | | |
| | 10100 W. 87TH ST., SUITE 303, OVERLAND PARK, KS 66212 | | | | | | | | | | |
| | See Schedule O for full list of states | F | 000 | (2013) | | | | | | | |

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--|--|--|------------------------|---------|--------------|------------------------------|--------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| <pre>(1) Danny McCain Founder/Int'l Director</pre> | 5.00 35.00 | x | | | | | | 0. | 37,985. | 7,912. |
| (2) Daryl McCarthy | 20.00 | | | | | | | | , | <u> </u> |
| President (7/1/13-1/31/14) | 20.00 | Х | | Х | | | | 92,647. | 0. | 18,988. |
| (3) Brian Burnett | 5.00 | | | | | | | | | |
| Treasurer | 5.00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) Sherry Chance | 1.00 | | | | | | | | | |
| Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (5) Richard Leong | 3.00 | | | | | | | | | |
| Secretary | 2.00 | Х | | Х | | | | 0. | 0. | 0. |
| (6) Kathleen Mays | 2.00 | | | | | | | | | |
| Director | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (7) Jim Youngsman | 2.00 | | | | | | | | _ | _ |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (8) Jon Hogg | 1.00 | | | | | | | | _ | _ |
| Director | 2.00 | Х | | | | <u> </u> | | 0. | 0. | 0. |
| (9) Mary Schimmels | 1.00 | | | | | | | | | • |
| Director | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (10) Leroy Yates | 1.00 | | | | | | | | | • |
| Director | 4 00 | Х | | | | | | 0. | 0. | 0. |
| (11) Letta Jean Taylor | 4.00 | | | | | | | | | • |
| Chairperson | 4.00 | X | | | | | | 0. | 0. | 0. |
| (12) Bill Dunham | 1.00 | | | | | | | | | 0 |
| Director | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (13) Wendy Helleman | 1.00 | ,, | | | | | | | | 0 |
| Director | 20 00 | Х | | | | <u> </u> | _ | 0. | 0. | 0. |
| (14) Stanley Wallace | 20.00 | l | | 77 | | | | 74 050 | م ا | 17 650 |
| President (2/1/14-6/30/14) | 20.00 | | | Х | | | | 74,050. | 0. | 17,650. |
| | | | _ | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | <u> </u> | _ | | | | | _ | 1 | | - 000 |

Form **990** (2013)

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\$100,000 of compensation from the organization

| Pa | rt V | <u> </u> | Statement of Rever | nue | | | | | |
|--|----------|----------|---|---------------------------------------|--------------------|----------------------|--|---|---|
| | | | Check if Schedule O cont | ains a response | or note to any lir | | | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| ts s | 1 | a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues | | | | | | |
| Am G | | | Fundraising events | | | | | | |
| ar / | | | | 1d | | | | | |
| s, G | | | Government grants (contribut | | | | | | |
| ion | | | All other contributions, gifts, gran | · · · · · · · · · · · · · · · · · · · | | | | | |
| but | | | similar amounts not included above | | 946,908. | | | | |
| n tri | | | Noncash contributions included in lines | | 24,873. | | | | |
| Col | | _ | Total. Add lines 1a-1f | | | 1,946,908. | | | |
| | | | | | Business Code | | | | |
| ě | 2 | а | Administrative | fee inc | 611710 | 111,162. | 111,162. | | |
| e vic | | b | Conference regi | stratio | 611710 | 47,888. | 47,888. | | |
| Se | | С | | | | - | - | | |
| am | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| P | | f | All other program service reve | nue | | | | | |
| | | g | Total. Add lines 2a-2f | | > | 159,050. | | | |
| | 3 | | Investment income (including | dividends, intere | est, and | | | | |
| | | | other similar amounts) | | > | 657. | | | 657. |
| | 4 | | Income from investment of tax | x-exempt bond p | roceeds | | | | |
| | 5 | | Royalties | | | | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | | | | | | |
| | | b | Less: rental expenses | | | | | | |
| | | | Rental income or (loss) | | | | | | |
| | | d | Net rental income or (loss) | | > | | | | |
| | 7 | а | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory | 24,872. | 960. | | | | |
| | | | Less: cost or other basis | 04 070 | | | | | |
| | | | and sales expenses | 24,872. | 960. | | | | |
| | | | Gain or (loss) | | 1 | 060 | | | 960. |
| | | | Net gain or (loss) | | > | 960. | | | 900. |
| ne | 8 | | Gross income from fundraising | | | | | | |
| ven | | | including \$ | | | | | | |
| Be | | | contributions reported on line | | | | | | |
| Other Revenue | | | Part IV, line 18 Less: direct expenses | | | | | | |
| ō | | | Net income or (loss) from fund | | | | | | |
| | | | Gross income from gaming ac | | > | | | | |
| | 3 | | Part IV, line 19 | | | | | | |
| | | | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from gam | | | | | | |
| | | | Gross sales of inventory, less | | | | | | |
| | | | and allowances | | | | | | |
| | | | Less: cost of goods sold | | | | | | |
| | | | Net income or (loss) from sale | | > | | | | |
| | | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 | а | | | | | | | |
| | | b | | | | | | | |
| | | С | | | | | | | |
| | | d | All other revenue | | | | | | |
| | | | Total. Add lines 11a-11d | | | | | | |
| 00000 | 12 | | Total revenue. See instructions. | | | 2,107,575. | 159,050. | 0. | • |
| 33200 10-29 | 9 ∙13 | | | | | | | | Form 990 (2013) |

Part IX Statement of Functional Expenses

| Sect | 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 | | | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | | |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 70,222. | 70,222. | | | | | | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | | | | |
| | organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 1,252,797. | 1,252,797. | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | | |
| | trustees, and key employees | 208,829. | 62,648. | 104,415. | 41,766. | | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 240 064 | 126 240 | 00 440 | 12/ 275 | | | | | | | |
| 7 | Other salaries and wages | 349,064. | 126,240. | 88,449. | 134,375. | | | | | | | |
| 8 | Pension plan accruals and contributions (include | 8,173. | 2 152 | 4,086. | 1 635 | | | | | | | |
| • | section 401(k) and 403(b) employer contributions) | 15,931. | 2,452. 967. | 12,544. | 1,635. 2,420. | | | | | | | |
| 9 | Other employee benefits | 37,276. | 10,321. | 15,945. | 11,010. | | | | | | | |
| 10 | Payroll taxes | 31,210. | 10,521. | 13,943. | 11,010. | | | | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | | | | |
| | Management | | | | | | | | | | | |
| | Legal | 9,300. | | 9,300. | | | | | | | | |
| | Accounting Lobbying | 373001 | | 3,3001 | | | | | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | | |
| a q | | | | | | | | | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch 0.) | 15,200. | 795. | 9,257. | 5,148. | | | | | | | |
| 12 | Advertising and promotion | 7,578. | 89. | 434. | 5,148. 7,055. | | | | | | | |
| 13 | Office expenses | 92,790. | 3,771. | 53,076. | 35,943. | | | | | | | |
| 14 | Information technology | 18,132. | 3,573. | 13,286. | 1,273. | | | | | | | |
| 15 | Royalties | | | | | | | | | | | |
| 16 | Occupancy | 35,880. | 10,236. | 16,048. | 9,596. | | | | | | | |
| 17 | Travel | 58,151. | 9,199. | 29,819. | 19,133. | | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 29,522. | 13,952. | 11,237. | 4,333. | | | | | | | |
| 20 | Interest | - | - | - | <u> </u> | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | | | | | | |
| 23 | Insurance | 6,344. | | 6,344. | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | | | | | | | | |
| а | Gifts | 4,534. | 3,620. | 236. | 678. | | | | | | | |
| b | Taxes & licenses | 4,347. | 511. | 3,836. | | | | | | | | |
| С | Professional dues | 900. | 400. | 500. | | | | | | | | |
| d | | | | | | | | | | | | |
| е | All other expenses | | | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,224,970. | 1,571,793. | 378,812. | 274,365. | | | | | | | |
| 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 X if following SOP 98-2 (ASC 958-720) | 88,555. | 6,618. | 36,804. | 45,133. | | | | | | | |
| | 10-29-13 | · | • • | · L | Form 990 (2013) | | | | | | | |

| tΧ | Balance Sheet | | | <u> </u> |
|-----|--|---|---|--|
| | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 365,963. | 1 | 259,045 |
| 2 | | 327,883. | 2 | 328,069 |
| 3 | | 2,425. | 3 | 0 |
| | | 811. | | 120 |
| | | | - | |
| | | | | |
| | | | 5 | |
| 6 | | | | |
| | • • • • | | | |
| | | | | |
| | | | 6 | |
| 7 | | | | |
| | | 3.736. | | 3,735 |
| | | | | 12,444 |
| | | | <u> </u> | |
| 104 | | | | |
| h | | | 100 | 7,440 |
| | 100 | 27,200 | | , , 1110 |
| | | 2.500. | | 2,500 |
| | | 2,300. | | 2,500 |
| | | | | |
| | Other coasts, See Part IV line 11 | 84 441. | | 48,924 |
| | | | | 662,277 |
| | | | | 18,519 |
| | | 01,001 | | |
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| | | | 22 | |
| 23 | | | | |
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| | | | | |
| 20 | | | | |
| | | | 25 | |
| 26 | | 34.092. | | 18,519 |
| | | | | |
| | | | | |
| 27 | • | 626.832. | 27 | 509,926 |
| | | | | 133,832 |
| | | | | |
| | , | | | |
| | | | | |
| 30 | • | | 30 | |
| | | | | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 02 | | 760,153. | | 643,758 |
| 33 | Total net assets or fund balances | /DU.TDJ. | 33 | 043.7.10 |
| | 1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 133,897. 1 Less: accumulated depreciation Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated thirid parties 24 Unsecured notes and loans payable to unrelated thirid parties 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Permanently restricted net assets 31 Paid-in or capital surplus, or land, building, or equi | Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 365, 963. 2 Savings and temporary cash investments 327, 883. Pledges and grants receivable, net 2, 4,255. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(s)(3)(8)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 133,897. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - propam-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part V of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities (including federal income tax, payables to related third parties 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assests 28 Temporarily restricted n | Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest bearing 3 depining of year |

Form **990** (2013)

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|--|------------|------|------------|----------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,10 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,22 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -11 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 76 | <u>0,1</u> | 53. |
| 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 in Schedule O) | 9 | | <u>1,0</u> | 00. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 64 | 3,7 | 58. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u>Ш</u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Cother | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar | te basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Bublio

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Global Scholars

Employer identification number

56-1627401

| Pa | πı | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | e this part | :.) See inst | tructions. | | | | | |
|-----|---|---|-----------------------------|------------------------------|-----------------|--------------------|--------------------|--------------|----------------------|------------|-----------------|-----------|------------------|----------|
| he | organ | ization is not a | private foundation | because it is: (For lines 1 | I through | 11, check | only one b | ox.) | | | | | | |
| 1 | Щ | A church, cor | nvention of churches | s, or association of churc | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) |). | | | | | |
| 2 | Н | A school des | cribed in section 17 | '0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | | |
| 3 | Н | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | | |
| 4 | | | | operated in conjunction | with a hos | pital desc | ribed in se | ction 170 | (b)(1)(A)(ii | i). Enter | the h | hospital | 's nam | ne, |
| | | city, and state | | | | | | | | | | | | |
| 5 | | | | benefit of a college or ur | niversity o | wned or op | perated by | a governi | mental uni | t describ | oed ii | n | | |
| | | | (b)(1)(A)(iv). (Comple | · | | | | | | | | | | |
| 6 | ┰ | • | | ent or governmental unit | | | | | | | | | | |
| 7 | X | • | • | eives a substantial part | of its supp | ort from a | governme | ental unit c | or from the | general | pub | lic desc | ribed | in |
| _ | | section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | |
| 8 | H | | | | | | | | | | | | :_ | £ |
| 9 | An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment | | | | | | | | | | | | | |
| | | | • | • | • | • | • | | | | | • | | |
| | | | 509(a)(2). (Complete | axable income (less sect | iononia | x) Iroili bu | 511165565 | acquired b | ly the orga | HIZALIOH | antei | i Julie 3 | 0, 197 | 5. |
| 10 | | | | perated exclusively to te | st for nubl | ic safety S | See sectio | n 509(a)(4 | 1\ | | | | | |
| 11 | 同 | • | | perated exclusively for the | • | • | | | • | v out the | e nur | noses c | of one | or |
| • | | • | | • | | | | | | • | • | • | | 0. |
| | more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | | | | | | |
| | | a Type I | | | pe III - Fu | - | | c | ј 🔲 тур | e III - No | n-fur | nctional | ly integ | grated |
| е | | • • | • | it the organization is not | | • | - | | | | | | | - |
| | | foundation m | anagers and other t | han one or more publicly | / supporte | d organiza | ations des | cribed in s | ection 509 | 9(a)(1) or | sect | tion 509 | a)(2). | |
| f | | If the organiza | ation received a writ | ten determination from t | he IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | | |
| | | supporting or | rganization, check th | nis box | | | | | | | | | | |
| g | | Since August | 17, 2006, has the o | organization accepted ar | ny gift or co | ontributior | from any | of the foll | owing pers | sons? | | | | |
| | | (i) A persor | n who directly or ind | irectly controls, either al- | one or tog | ether with | persons o | lescribed | in (ii) and (i | iii) below | /, _г | | Yes | No |
| | | | | upported organization? | | | | | | | | 11g(i) | | |
| | | | | n described in (i) above? | | | | | | | | 11g(ii) | | |
| | | | | person described in (i) o | | | | | | | L | 11g(iii) | | <u> </u> |
| h | | Provide the fo | ollowing information | about the supported org | ganization | (S). | | | | | | | | |
| | | | //N F.IV | /m> = | (iv) le the e | organization | (v) Did you | ı notify tho | (vi) ls | the | ļ | | | |
| (1) | | of supported anization | (ii) EIN | | in col. (i) lis | | organizat | - | organizátio | on in col. | (VII) | Amount) | i of moi port | netary |
| | orgo | amzanon | | above or IRC section | governing | | | | (i) organize U.S. | .? | | Sup | port | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | | |
| | | | | | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

| Se | ction A. Public Support | | | | | | |
|------|---|-----------------------|----------------------|--------------------------|--------------------|---------------------|-------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,963,849. | 1,859,787. | 2,122,043. | 2,130,071. | 1,946,908. | 10,022,658. |
| 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 | | 1,963,849. | 1,859,787. | 2,122,043. | 2,130,071. | 1,946,908. | 10,022,658. |
| 5 | Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly | 1,303,043. | 1,033,707. | 2,122,043. | 2,130,071. | 1,540,500. | 10,022,030. |
| | supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 199,453. |
| | Public support. Subtract line 5 from line 4. | | | | | | 9,823,205. |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🖊 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | 1,963,849. | 1,859,787. | 2,122,043. | 2,130,071. | 1,946,908. | 10,022,658. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 1,566. | 1,179. | 625. | 640. | 657. | 4,667. |
| 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 IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 10,027,325. |
| | Gross receipts from related activities, | etc. (see instruction | ns) | • | | 12 | 734,468. |
| | First five years. If the Form 990 is for | | | , fourth, or fifth tax | x year as a sectio | n 501(c)(3) | |
| | organization, check this box and stop | here | | | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2013 (li | ine 6, column (f) div | rided by line 11, co | lumn (f)) | | 14 | 97.96 % |
| 15 | Public support percentage from 2012 | Schedule A, Part II | I, line 14 | | | 15 | 97.79 % |
| | 33 1/3% support test - 2013. If the o | | | | | nore, check this bo | x and |
| | stop here. The organization qualifies a | as a publicly suppo | orted organization | | | | ▶ X |
| k | 33 1/3% support test - 2012. If the o | | | | | | |
| | and stop here. The organization quali | fies as a publicly su | upported organizat | ion | | | > |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac- | ts-and-circumstanc | es" test, check thi | s box and stop he | ere. Explain in Pa | rt IV how the organ | ization |
| | meets the "facts-and-circumstances" | | | | | | |
| k | 10% -facts-and-circumstances test | | | | | | |
| _ | more, and if the organization meets th | | | | | | |
| | organization meets the "facts-and-circ | | • | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | | | | | | dule A (Form 990 | |

Schedule A (Form 990 or 990-EZ) 201

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| Se | ction A. Public Support | low, please com | ipiete Part II.) | | | | |
|------|--|-------------------------|---------------------|----------------------|---------------------|---------------------|-------------|
| _ | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Gifts, grants, contributions, and | (u) 2003 | (6) 2010 | (6) 2011 | (4) 2012 | (6) 2010 | (i) iotai |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| _ | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | • | • | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | , , | ` ` | ` ′ | , , | , |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired ofter June 20, 1075 | | | | | | |
| | | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business | | | | | | |
| • | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | ŭ | | | • | . , . , | |
| | check this box and stop here | | | | | | <u></u> |
| | ction C. Computation of Public | | | | | | |
| | Public support percentage for 2013 (lin | | | column (f)) | | 15 | % |
| | Public support percentage from 2012 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | 11 | |
| | Investment income percentage for 201 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 19 | a 33 1/3% support tests - 2013. If the o | | | | | | |
| | more than 33 1/3%, check this box an | | | | | | |
| k | 33 1/3% support tests - 2012. If the | organization did | not check a box or | n line 14 or line 19 | a, and line 16 is m | nore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, chec | k this box and s | stop here. The orga | anization qualifies | as a publicly sup | ported organizatior | ı ▶ <u></u> |
| 20 | Private foundation. If the organization | did not check a | box on line 14, 19 | a or 19b check t | this box and see in | estructions | |

332023 09-25-13

| Schedule A | (Form 990 or 990-EZ) 2013 Global | Scholars | 56-1627401 Page 4 |
|------------|---|---|-------------------------------|
| Part IV | Supplemental Information. Prov | vide the explanations required by Part II, line 10; Part II, line 17a o | r 17b; and Part III, line 12. |
| | Also complete this part for any additiona | al information. (See instructions). | , , , |
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** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Global Scholars 56-1627401 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Global Scholars

56-1627401

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addi | itional space is needed. | |
|--------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 222452 10 22 | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Global Scholars

56-1627401

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed. | |
|------------------------------|---|--|------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | | Oahadula D /Farma (| 100 000 E7 ar 000 DE\ /2012\ |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number Global Scholars 56-1627401 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of *exclusively* religious, charitable, etc., contributions of **\$1,000** or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

11702 2

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization Global Scholars 56-1627401 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds

(b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

Schedule D (Form 990) 2013

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

| | t III Organizations Maintaining C | | rt. Histo | orical Tr | easures o | r Other | Simil | | ts/contin | | ige Z |
|----------|--|----------------------------|-----------------|--------------|--|------------|------------|--------------|------------|--------|------------|
| | Using the organization's acquisition, accessi | | | | | | | | | | |
| 3 | (check all that apply): | on, and other record | is, crieck | arry or trie | Tollowing that | are a sigi | iiicant | use or its | COIIECTIOI | HEIH | 3 |
| | Public exhibition | d | | oon or ove | change program | mo | | | | | |
| a | | | | | | | | | | | |
| b | Scholarly research | е | | ther | | | | | | | |
| C | Preservation for future generations | allastians and avalai | n haw the | v further t | bo organizatio | n'a avam | at aura | ooo in Dor | + VIII | | |
| 4 | Provide a description of the organization's co | | | | | | | ose in Par | L AIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | Yes | | ٦,,, |
| Dai | to be sold to raise funds rather than to be matter than to be matter to be the sold to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be matter to be matter to be matter to be sold to raise funds rather than to be matter to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold | | | | | | | | | | <u> No</u> |
| ı aı | reported an amount on Form 990, Par | | ete ii trie (| organizatio | on answered | res lo re |)IIII 99C | , Part IV, I | irie 9, or | | |
| 12 | Is the organization an agent, trustee, custodi | | liany for c | ontribution | ne or other see | ote not in | cludod | | | | |
| Id | | | - | | | | | | Yes | | No |
| L | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII | | | | | | | | ⊔ res | | ı NO |
| D | ii res, explain the arrangement in Part Alli | and complete the to | illowing ta | ible. | | | | | Amount | | |
| _ | Desiration belones | | | | | | 4- | | Amount | | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| _ | Distributions during the year | | | | | | | | | | |
| f O- | Ending balance | aura 000 Dart V lina | | | | | 1f | | Yes | \top | TN- |
| | Did the organization include an amount on Fo | | | | | | | | | H | J No □ |
| | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in | | | | | | | | | | |
| ı aı | Endownient Fands. Complete F | (a) Current year | | or year | (c) Two years | | | ears back | (a) Four | veare | hack |
| 4. | Deginning of year balance | ` ' | (b) Pfi | or year | (C) Two years | Dack (C |) Tillee y | years back | (e) i oui | years | Dack |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | /I: 4 | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end baland | | , column (a | a)) neid as: | | | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | | | |
| | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c should be a sh | • | | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organization | ation that | are held a | and administer | ed for the | organi | zation | Г | ., 1 | |
| | by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | | | | 3b | | |
| Po: | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | owment fu | ınds. | | | | | | | |
| Pai | | | | | | D | 40 | | | | |
| | Complete if the organization answered | | | | | | | | | | |
| | Description of property | (a) Cost or o | | | t or other | (c) Acc | | | (d) Book | valu | Э |
| | | basis (investr | nent) | Sissu | (other) | depre | eciation | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | -+ | | | | | | | | |
| | Leasehold improvements | | | 1 2 | 2 907 | 1 - |) 6 / | <u> </u> | - | 7 / | 10 |
| | Equipment | I | | 13 | 3,897. | Ι. | 26,4 | J / • | | , 4 | 40. |
| | Other | | V och se | n (D) line i | 10(a)) | | | | - | 7 /1 | <u>40.</u> |

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

Schedule D (Form 990) 2013

(8) (9)

2,223,970.

2,224,970.

1,000.

Part XIII Supplemental Information.

d Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines 2a through 2d

Subtract line 2e from line 1

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

Part X, Line 2:

c Add lines 4a and 4b

Explanation: The Organization's policy with regard to FASB ASC 740-10 is to record a liability for any tax position that is beneficial to the Organization, including any related interest and penalties, when it is more likely than not the position taken by management with respect to the transaction or class of transactions will be overturned by a taxing authority upon examination. Management believes there are no such positions as of June 30, 2014 and, accordingly, no liability has been accrued.

Part XI, Line 2d - Other Adjustments:

Administration fee

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. ➤ See separate instructions.

Open to Public

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

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

| Global Scholars | | | | 56-162740 |)1 |
|----------------------------------|--------------------|----------------------------|--|--|---------------------|
| | | ctivities Ou | tside the United States. Comple | ete if the organization answered " | Yes" on |
| Form 990, Part IV | | | | | |
| 1 For grantmakers. Does | the organization | n maintain recor | ds to substantiate the amount of its gr | ants and other assistance, | |
| the grantees' eligibility for | or the grants or a | assistance, and | the selection criteria used to award the | e grants or assistance? | Yes X No |
| 2 For grantmakers. Desc | ribe in Part V the | organization's | procedures for monitoring the use of it | s grants and other assistance out | side the |
| United States. | | | | | |
| 3 Activities per Region. (TI | he following Part | I, line 3 table ca | an be duplicated if additional space is | needed.) | |
| (a) Region | (b) Number of | (c) Number of | (d) Activities conducted in region | (e) If activity listed in (d) | (f) Total |
| | offices | `employees, agents, and | (by type) (e.g., fundraising, program | is a program service, | expenditures |
| | in the region | independent contractors | services, investments, grants to | describe specific type | for and investments |
| | | contractors in region | recipients located in the region) | of service(s) in region | in region |
| | | | | | |
| _ | | | Program services | L | |
| Europe (Including | | | Program services; grant to | Teaching and training in | 505 560 |
| Iceland & Greenland) | 0 | 0 | other organization | public universities | 525,768. |
| | | | | | |
| | | | | Teaching and training in | |
| Sub-Saharan Africa | 0 | 0 | Program services | public universities | 300,282. |
| | | | | | |
| | | | | | |
| East Asia and the | | | | Teaching and training in | |
| Pacific | 0 | 0 | Program services | public universities | 277,928. |
| | | | | | |
| | | | | | |
| | | | | Teaching and training in | |
| South America | 0 | 0 | Program services | public universities | 23,313. |
| | | | | | |
| | | | | Manahina and topinina in | |
| North America | 0 | 0 | Program services | Teaching and training in public universities | E0 000 |
| North America | 0 | - | Flogram services | public universities | 58,002. |
| | | | | | |
| Russia and | | | | Teaching and training in | |
| Neighboring States | 0 | 0 | Program services | public universities | 67,504. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 1,252,797. |
| b Total from continuation | | | | | |
| sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a | | | | | |
| and 3b) | 0 | 0 | | | 1,252,797. |

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

Schedule F (Form 990) 2013

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|---|-------------------|---|--------------------------|---------------------------------|---|--|---|
| | | Europe (Including | | | | | | |
| | | Iceland & | Placement of faculty | | | | | |
| | | Greenland) - | in public | | | | | |
| | | Albania, Andorra, | universities | 525,768. | Electronic | 0. | | |
| | | Sub-Saharan | | | | | | |
| | | Africa - Angola, | Placement of faculty | | | | | |
| | | Benin, Botswana, | in public | | | | | |
| | | Burkina, Faso, | universities | 300,282. | .Electronic | 0. | | |
| | | East Asia and the | Placement of faculty | | | | | |
| | | Pacific | in public universites | 277,928. | .Electronic | 0. | | |
| | | | Placement of faculty in public universities | 23,313. | Electronic | 0. | | |
| | | | Placement of faculty in public universities | 25,019. | Electronic | 0. | | |
| | | | Placement of faculty in public universities | 67,504. | Electronic | 0. | | |
| | | | Placement of faculty in public universities | 32,983. | Electronic | 0. | | |
| | | | | | | | | |

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

3 Enter total number of other organizations or entities

1 0

| Part III Grants and Other Assistand Part III can be duplicated if a | | | ates. Complete i | f the organization answered "Yes" | on Form 990, Part | t IV, line 16. | |
|---|------------|--------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
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| ıaıı | Foreign Forms | | |
|------|--|-----|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) | Yes | X No |

Schedule F (Form 990) 2013

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.

| (estimated number of recipients), as applicable. Also complete this part to provide any additional information. |
|---|
| Part I, Line 2: |
| Explanation: Grant funds are disbursed either through recognized academic |
| institutions with whom the organization has a partnership or through |
| professors who are employed by Cooperative Studies who are teaching in |
| those countries. We adhere to strict reporting requirements and require |
| periodic comprehensive reports, both financial and narrative, on the |
| activity of the professor and the related projects. |
| |
| Part I, line 3: |
| Explanation: Actual expenses under the accrual method of accounting |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| Global S | cholars | | | | | | 56-1627401 |
|--|------------------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| Part I General Information on Grants | and Assistance | | | | | <u>.</u> | |
| Does the organization maintain records criteria used to award the grants or ass | | | | | | | tion X Yes No |
| 2 Describe in Part IV the organization's p | procedures for mon | itoring the use of gran | t funds in the Unite | d States. | | | |
| Part II Grants and Other Assistance to | o Governments an | d Organizations in th | ne United States. C | Complete if the org | anization answered " | Yes" to Form 990, Part | IV, line 21, for any |
| recipient that received more than | n \$5,000. Part II cai | n be duplicated if addi | itional space is need | ded. | (6) NA - H I - f | • | |
| Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | To place outstanding |
| CS | | | | | | | scholars in academic |
| P.O. BOX 12830 | | | | | | | institutions so they can |
| Overland Park, KS 66282 | 48-1244113 | 501(C)(3) | 70,222. | 0. | | | provide excellent |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) | | | | | | | |
| 3 Enter total number of other organization | ns listed in the line | 1 table | | | | | |

(h) Purpose of Grant or Assistance: To place outstanding scholars in

Name of Organization or Government: CS

10401230 795752 11702

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

56-1627401

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Global Scholars

Form 990, Part I, Line 1, Description of Organization Mission:

Christian worldview in a wide range of disciplines at secular

universities outside of North America.

Form 990, Part III, Line 1, Description of Organization Mission: their field from a Christian worldview at secular universities outside of North America and by equipping indigenous Christian professors to teach with excellence in their own nations.

Form 990, Part VI, Section B, line 11:

Explanation: Each board member is sent a copy of the 990 for review and may suggest any changes that they believe should be made.

Form 990, Part VI, Section B, Line 12c:

Explanation: Board members must recuse themselves from any discussion or voting on matters related to items which could post a conflict of interest for them.

Form 990, Part VI, Section B, Line 15:

Explanation: The board executive committee determines the compensation of the President and Executive Vice President based on an annual review, contemporaneous comparison with salary tables from similar types and sizes of organizations. The deliberations occur in the executive committee and are substantiated and recorded. The International Director's salary is determined in accordance with the normal salary tables for professors and their rank, tenure and level of responsibility.

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

Schedule O (Form 990 or 990-EZ) (2013)

| Name of the organization Global Scholars | Employer identification number 56-1627401 |
|---|---|
| | |
| Form 990, Part VI, Line 17, List of States receiving copy | y of Form 990: |
| AL, AR, CA, CO, CT, DE, FL, GA, IL, KS, KY, ME, MD, MI, NH, NY, ND, OH, PA, | TN, VA, WA, WV, WI, HI |
| MN, MS, SC, TX, UT, WY, AK | |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| Explanation: Available upon request. | |
| Form 990, Part XI, line 9, Changes in Net Assets: | |
| Uncollectible pledges receivable | 1,000. |
| | |
| FORM 990, SCHEDULE R, PART II, COLUMN B | |
| Explanation: To serve as a clearinghouse for North Americ | can |
| academicians interested in teaching outside their own cou | ıntry. CS also |
| sponsors guest lectureships, distributes library collecti | ions and |
| participates in consultation for academic programs and cu | ırriculum |
| development. | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

| Global Scholar | | <u>56-16274</u> | 101 | | | | | |
|---|---------------------------------------|---|-------------------------------|--|-------------------------------|-------------------------------|-----|------------------------------------|
| Part I Identification of Disregarded Entities Complete | te if the organization answered "Yes' | on Form 990, Part IV, line 30 | 3. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | (d) or Total inco | me End-of-yea | | (f) Direct controlling entity | |) |
| | | | | | | | | |
| | | | | | | | | |
| | - | | | | | | | |
| Part II Identification of Related Tax-Exempt Organiz organizations during the tax year. | ations Complete if the organization | answered "Yes" on Form 990 |), Part IV, line 34 b | ecause it had one | or more | related tax-exer | npt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | | | o) 012(b)(13) rolled ity? |
| CS - 48-1244113 PO BOX 12830 Overland Park, KS 66282 | PLEASE SEE SCHEDULE "O". | Kansas | 501(C)(3) | Line 7 | N/A | | res | X |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|--|------------------|---|---------------------------|---|-----------------------|-----------------------------------|-----|---------------------|---|----------------|----------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | l . | ortionate tions? | Code V-UBI amount in box 20 of Schedule | manag partn | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | | Yes | lo |
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| Identification of Bolated Or | | | | | | | I | | <u> </u> | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | | tion b)(13) rolled ity? |
|--|--------------------------------|--|-------------------------------|---|--|--|--------------------------------|-----|----------------------------------|
| | | country) | | , | | | | Yes | No |
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

| 1 | During the tax year, did the organization engage in any of the following transactions | s with one or more r | elated organizations listed in | Parts II-IV? | | | | | | |
|------------|---|---------------------------|--------------------------------|---|--------|--------|------|--|--|--|
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | X | | | |
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | Х | | | | |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X | | | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X | | | |
| | | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X | | | |
| g | Sale of assets to related organization(s) | | | | 1g | | X | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | X | | | |
| i | i Exchange of assets with related organization(s) | | | | | | | | | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | |
| | | | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | Х | X | | | |
| - 1 | Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | |
| m | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | |
| | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | |
| | o Sharing of paid employees with related organization(s) | | | | | | | | | |
| | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | X | | | |
| | q Reimbursement paid by related organization(s) for expenses | | | | | | | | | |
| | | | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X | | | |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on w | ho must complete t | his line, including covered re | lationships and transaction thresholds. | | | | | | |
| | (a) Name of related organization | (b) Transaction | (c) Amount involved | (d) Method of determining amount in | volved | | | | | |
| | | type (a-s) | 7 anount involved | Wildling of determining amount in | roived | | | | | |
| | | | | | | | | | | |
| <u>(1)</u> | | | | | | | | | | |
| (0) | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | |
| (3) | | | | | | | | | | |
| | | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | | |
| <u>(5)</u> | | | | | | | | | | |
| (e) | | | | | | | | | | |
| <u>(6)</u> | | 3.8 | | O-li-s-ded- |) /F | - 000\ | 0040 | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (е |) all s sec.)(3) i.? | (f) Share of total income | (g) Share of end-of-year assets | Dispr tion alloca | n) ropor- nate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Genera manag partn Yes | (k) I or Percenting owner owner | ntage rship |
|--|----------------------|-----|----|-----------------------------------|------------------------------------|--|-------------------------|--------------------------------|---|--|---------------------------------|----------------|
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Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ightharpoonup X• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions), For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print 56-1627401 Global Scholars File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 10100 W. 87TH ST., No. 303 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions Overland Park, KS 66212 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 THE ORGANIZATION The books are in the care of > 10100 W. 87TH ST., SUITE 303 - OVERLAND PARK, KS 66212 Telephone No. ► 913-962-4422 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box ▶ 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X tax year beginning JUL 1, 2013 , and ending JUN 30, 2014 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. I HA 323841 12-31-13

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2014)

3b