

1200 Main Street Suite 1000 Kansas City, MO 64105 T: 816.472.1122 E: info@rubinbrown.com www.RubinBrown.com

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

November 3, 2023

Stan Wallace Global Scholars P.O. Box 12147 Overland Park, KS 66282

Dear Stan:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be the exact copy of the return and the schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision in subject to a penalty of \$20 for each day that inspection is not permitted, not to exceed the lesser of \$10,500 or 5% of gross receipts. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may contact us for further details.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Matthew C. Hall, CPA Partner

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Stan Wallace Global Scholars P.O. Box 12147 Overland Park, KS 66282

Prepared By:

RubinBrown LLP 1200 Main Street, Suite 1000 Kansas City, MO 64105

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Please sign and return Form 8879 immediately via client portal or email to <u>efile@rubinbrown.com</u>. Alternatively, the form can be faxed to 816.472.1065.

Form 8879-TE			IRS e-file S	Signature Aut Fax Exempt B	horization	Ļ	OMB No. 1545-0047
Form U	013-12	For calendar w		-	and ending JUN 30	20 2 3	0000
		T OF Calendar y		to the IRS. Keep for y		, 20 <u>2 5</u>	2022
	ent of the Treasury levenue Service			/Form8879TE for the l			
Name o	f filer					EIN or SSN	
	GLOB	AL SCHOLA				56-16	27401
Name a	nd title of officer	or person subject to		ACE			
Davit	Trees	- (Determine and	PRESIDENT	-			
Part			Return Informatio				
Form 5 or 10a whiche	330 filers may below, and the	enter dollars and a amount on that li	ents. For all other forms, ne for the return being file	enter whole dollars only d with this form was bla	plicable amount, if any, fro y. If you check the box on ank, then leave line 1b, 2b a enter -0- on the applicable	line 1a, 2a, 3 5, 3b, 4b, 5b, 0	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 che	ck here			VIII, column (A), line 12)		
2a		check here			ne 9)		2b
3a		OL check here					3b
4a -		check here			orm 990-PF, Part V, line 5)		4b
5a		eck here					5b
6a 7a		heck here			·····		6b
7a 8a		leck here		s at end of tax year (Fo			7b 8b
9a		leck here		n 5330, Part II, line 19)			9b
	Form 8038-C				d (Form 8038-CP, Part III,		10b
Part	II Decla	aration and Si			erson Subject to Tax		
financia later th payme person PIN: cl	al institution to an 2 business on nt of taxes to re al identification neck one box o	debit the entry to lays prior to the p ceive confidential number (PIN) as n only	this account. To revoke a ayment (settlement) date information necessary to ny signature for the elect	payment, I must conta I also authorize the fina answer inquiries and re	ment of the federal taxes of ct the U.S. Treasury Finan- ancial institutions involved esolve issues related to the icable, the consent to elec	cial Agent at 1 in the process e payment. I h	I-888-353-4537 no sing of the electronic ave selected a vithdrawal.
Σ	I authorize	RUBINBROW			t	o enter my Pli	
			ERO	firm name			Enter five numbers, but do not enter all zeros
Г	with a state on the retur	agency(ies) regula n's disclosure con	ating charities as part of t sent screen.	he IRS Fed/State progra	ed within this return that a am, I also authorize the afo PIN as my signature on the	prementioned	ERO to enter my PIN
	return. If I ha	ave indicated with		of the return is being file	ed with a state agency(ies)		
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submit					ronically filed return indica File (MeF) Information for A		
ERO's s	ignature <u>R</u>	UBINBROWN	LLP		Date		
				ain This Form - Se	e Instructions s Requested To Do	So	
LHA F	For Privacy Act		Reduction Act Notice, s		o nequested TO DO		Form 8879-TE (2022)
202521	12-16-22						

Form 990	
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30. C Name of organization D Employer identification number В Check if applicable Address change GLOBAL SCHOLARS Name change 56-1627401 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated P.O. BOX 12147 (913) 962-4422 2,104,704. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended OVERLAND PARK, KS 66282 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: STAN WALLACE for subordinates? Yes X No SAME AS C ABOVE Yes H(b) Are all subordinates included? No Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.GLOBAL-SCHOLARS.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 1988 M State of legal domicile: NC Trust Part I Summary Briefly describe the organization's mission or most significant activities: GLOBAL SCHOLARS EXISTS SO THAT 1 Activities & Governance CHRISTIAN ACADEMICS ARE ADEOUATELY EQUIPPED TO HAVE A REDEMPTIVE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 4 4 50 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 108 Total number of volunteers (estimate if necessary) 6 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 2,214,657. 2,060,783. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 2,354. 23,812. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 6,965. 11 2,217,011 2,091,560. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 82,668. 28,088. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,304,825. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,337,566. 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 170,680. b Total fundraising expenses (Part IX, column (D), line 25) 366,969. 434,491. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,800,145. 1,754,462. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 462,549. 291,415. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 1,704,247. 2,016,002. 20 Total assets (Part X, line 16) 71,707. 79,060. 21 Total liabilities (Part X, line 26) let Elet 632,540. 936,942 1 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
-	STAN WALLACE, PRESIDENT								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	MATTHEW C. HALL			self-employed P01573021					
Preparer	Firm's name RUBINBROWN LLP			Firm's EIN 43-0765316					
Use Only	Firm's address 1200 MAIN STREE	r, suite 1000							
	KANSAS CITY, MO	Phone no. 816 - 472 - 1122							
May the I	Aay the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	3-22 LHA For Paperwork Reduction Act N	otice, see the separate instructions.		Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	1990 (2022) GLOBAL SCHOLARS 56-1627401 Page
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GLOBAL SCHOLARS EXISTS SO THAT CHRISTIAN ACADEMICS ARE ADEQUATELY EQUIPPED TO HAVE A REDEMPTIVE INFLUENCE AMONG THEIR STUDENTS,
	COLLEAGUES, UNIVERSITIES AND DISCIPLINES, AT A REASONABLE COST.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	GLOBAL SCHOLARS EQUIPS, SUPPORTS, AND/OR RESOURCES MORE THAN 1,150
	ACADEMICS AROUND THE WORLD. THESE ACADEMICS INFLUENCE THEIR STUDENTS,
	COLLEAGUES, DISCIPLINES, AND UNIVERSITIES FOR CHRIST THROUGH TEACHING,
	RESEARCH, AND ADMINISTRATIVE DUTIES. AMONG THE 1,150 ACADEMICS SERVED
	WERE 48 FELLOWS WHO RECEIVED ADDITIONAL FACULTY CARE, FUNDRAISING
	SUPPORT, AND OTHER ADMINISTRATIVE SERVICES.
4b	(Code:) (Expenses \$ 360,713. including grants of \$ 9,000.) (Revenue \$ 0.
	IN MARCH 2019, THE SOCIETY OF CHRISTIAN SCHOLARS LAUNCHED, OFFERING 14
	BENEFITS OR SERVICES TO ITS MEMBERS. AT THE END OF FY 22-23, THE
	SOCIETY HAD 341 MEMBERS OF THE SOCIETY'S ONLINE COMMUNITY.
	ADDITIONALLY, THE SOCIETY HAD 818 MEMBERS WHO ARE PARTICIPATING IN
	LOCAL SOCIETY GROUPS AND PROGRAMS. THE SOCIETY OF CHRISTIAN SCHOLARS
	EQUIPS SCHOLARS TO:
	1. GROW IN CHRISTLIKENESS THROUGH SPIRITUAL FORMATION IN THE ACADEMIC
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Form	990	(2022)

 Form 990 (2022)
 GLOBAL
 SCHOLARS

 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		X X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		<u> </u>
8		8	х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0	- 23	<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes, " complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	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		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	Х	├───
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	х	
14a	-	14a	Δ	<u> </u>
ŭ	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	1
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	х	1
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	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 Form 990 (2022)
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 SCHOLARS

 Part IV
 Checklist of Required Schedules (continued)

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				·
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7		.03	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
- -	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
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Form	990 (2022) GLOBAL SCHOLARS 56-1627	401	P	_{age} 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
•			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 50					
h	filed for the calendar year ending with or within the year covered by this return 2a 50 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>20</u> 3a	- 11	X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
с	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			х		
-						
f						
-						
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8						
•	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	9a				
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b				
10	Section 501(c)(7) organizations. Enter:	30				
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders [11a]					
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
С	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
4-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
000000	If "Yes," complete Form 6069.	Form	990	(2022)		
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			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	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filedAL, CO, IL, KS, MI, MN, NH, NY, NO	, ND	, OH	, PA
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHARON KLEINSCHMIDT - (913) 962-4422			
	P.O. BOX 12147, OVERLAND PARK, KS 66282			
2006	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES	For	n 990	(2022
	6			
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

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GLOBAL SCHOLARS

Form 990 (2022)

Form 990 (2022) GLOBAL SCHOLARS	56-1627401	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes	st 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 en List all of the organization's current officers, directors, trustees (whether individuals or organization) 	8	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(D) (E)			
Name and title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated			
	hours per	box	, unless person is			n is both an		compensation	compensation	amount of		
	week		officer and a director/trustee)		tee)	from	from related	other				
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	ual tr	tional		vold	t con	_	1099-INEC)		organizations		
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) DR. STAN WALLACE	40.00		-		-							
PRESIDENT & CEO		1				x		129,964.	0.	6,304.		
(2) MR. JT SMITH	2.00											
CHAIR		х		х				0.	0.	0.		
(3) DR. DAWN CLAYTON	1.00											
VICE-CHAIR		Х		Х				0.	0.	0.		
(4) MS. GARIANNE HOWARD	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(5) MR. JAMES DUNPHY	1.00											
TREASURER		Х		Х				0.	0.	0.		
(6) DR. HAYWARD MAFUYAI	1.00											
DIRECTOR		Х						0.	0.	0.		
(7) MR. JAMES HUSTON	1.00											
DIRECTOR - THRU 9/22		Х						0.	0.	0.		
(8) DR. BEE-LAN WANG	1.00											
DIRECTOR - THRU 9/22		Х						0.	0.	0.		
			-		-	-						
		1										
			-		-	-						
		1										
		1										
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Form 990 (2022)

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimate amount other		
		(list any hours for related organizations below line)	o Individual trustee or director Officer Key employee Highest compensated Former			Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensa from th organizat and relat organizati	e ion ed	
			II	<u> </u>	0	K	Ξ	<u> </u>				
С	Subtotal Total from continuation sheets to Part VII	, Section A							129,964. 0. 129,964.	0. 0. 0.	6,3 6,3	0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization										0,3	1
3	Did the organization list any former officer,	director, truste	e, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on	Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services	5	X X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	JTO	or su	icn <u>i</u>	bers	on .				5	
1	Complete this table for your five highest con the organization. Report compensation for t										tion from	
	(A) Name and business address NONE							(B) Description of s	ervices ((C) Compensatio	n	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos C	se lis [.])	ted	above) who received mo	ore than		

232008 12-13-22

Check if Schedule G contains a response or note to any line in the Pert VII. (A) (A) Total revenue (D) Unrelated Durates revenue (D) I a Federated campaigns In b (C) (C) <th (c<="" colspan="2" th=""><th></th><th></th><th>(2022) GLOBAL SCHOL</th><th>ARS</th><th></th><th></th><th>56-1627</th><th>401 Page 9</th></th>	<th></th> <th></th> <th>(2022) GLOBAL SCHOL</th> <th>ARS</th> <th></th> <th></th> <th>56-1627</th> <th>401 Page 9</th>				(2022) GLOBAL SCHOL	ARS			56-1627	401 Page 9
CA Related or seamp function revenue Commendation (Comment and the second participation of the second participation of the second participation of the second parteripation of the second parteripation of the second participati	Pa	rt VI	II Statement of Revenue							
Total revenue Pedated or exempt Unction revenue Pedate or exempt Pedate or exempt Pedate or exempt Pedate or exempt Pedate or exempt Pedate or exempt Pe			Check if Schedule O contains a respons	e or note to any lin		(5)	(0)			
and the federated comparison tal Total and the second sec					. ,					
as federated campaigns ta 7,730. b Ambrearing dues to c Curvening garts (contributions) to d Related organizations to d Contributions) to d Contributions) to d Contributions) to d Total, Add Ines 1a 11 2,050,783. d Contributions) to d Monterstrating control to d Control Control to d Control Control to d Contro					rotarrevenue			from tax under		
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Business Code Business Code 2 a	nts Its	1 a								
Business Code Business Code 2 a	ìrar oun	k	Membership dues 1b	7,730.						
Business Code Business Code 2 a	°°,	c	Fundraising events 1c							
Business Code Business Code 2 a	ar /	c	Related organizations 1d							
Business Code Business Code 2 a	s, C	e	Government grants (contributions)							
Business Code Business Code 2 a	ion Si	f	All other contributions, gifts, grants, and							
Business Code Business Code 2 a	but		similar amounts not included above 1f 2	,053,053.						
Business Code Business Code 2 a	d Of	ç		8,164.						
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B Image: Section of the sectin of the section of the section of the section of the sec										
B Image: Section of the sectin of the section of the section of the section of the sec	Ð	2 a	4							
9 Total. Add lines 28:21 3 3 trivestment income (including dividends, interest, and other similar amounts) 35, 359. 4 income from investment of tax-exempt bond proceeds 5 5 Royalies 6 6 0 0 7 a Gross rents 6a 6 0 0 7 a Gross amount from sales of assets other than inventory 7a 7 a Gross amount from sales of assets other than inventory 7a 7 a Gross inome from investigent (oss) -11,547. 7 a Gross income from gaming activities -11,547. 8 a Gross income from gaming activities. See Part IV, line 18 8a 9 Gross income from gaming activities. See Part IV, line 19 9a 9 Gross income from gaming activities. See Part IV, line 19 9a 9 Cross since of inventory, less returns and allowances 9a 9 Gross since of inventory, less returns and allowances 10a 9 Cross sales of inventory, less returns and allowances 10a 11 MISCELL	vic	Ŀ								
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					2,091,560.	0.	0.	30,777.		
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	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response	e or note to any line in t	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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	28,088.	28,088.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,175,174.	788,828.	258,100.	128,246
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40,693.	20,965.	11,268.	8,460
9	Other employee benefits	66,339.	65,194.	1,145.	
10	Payroll taxes	55,360.	37,407.	10,982.	6,971
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	24,500.	12,250.	12,250.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	157,551.	139,091.	17,225.	1,235
12	Advertising and promotion				
13	Office expenses	33,706.	20,605.	7,350.	5,751
14	Information technology	20,358.	11,160.	3,599.	5,599
15	Royalties		,		-,
16	Occupancy	22,417.	18,795.	2,862.	760
17	Travel	111,224.	93,992.	3,941.	13,291
	Payments of travel or entertainment expenses	/2210	5575521		
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	Г				
20 21	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	2,504.	2,504.		
22	. Г	6,444.	195.	6,249.	
23	Insurance Other expenses. Itemize expenses not covered	0,444.	± 9 J •	0,243.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) TRAINING AND PROFESSION	31,979.	29,491.	2,477.	11
a b	DONATIONS AND GIFTS	23,786.	23,348.	82.	356
u c	MISC FUNDRAISING EXPENS	23,700.	23,340.	02.	550
		22•			
d	All other expenses				
	All other expenses	1,800,145.	1,291,935.	337,530.	170,680
25 26	Total functional expenses. Add lines 1 through 24e	±,000,14J•	±,49±,900•		±/0,000
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2022)

56-1627401 Page 11

га							
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash pap interact bearing			218,350.	1	200,999.
	2	Cash - non-interest-bearing Savings and temporary cash investments			1,191,918.	2	1,498,457.
	2				1,191,910.	2	1,490,4976
	4	Pledges and grants receivable, net				3 4	
	5	Accounts receivable, netLoans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali		5			
		under section 4958(f)(1)), and persons described		6			
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ase	9				30,396.	9	55,623.
		Land, buildings, and equipment: cost or other	I			Ū	
		basis. Complete Part VI of Schedule D	10a	8,594.			
	ь	Less: accumulated depreciation		8,594.	5,043.	10c	2,540.
	11	Investments - publicly traded securities			187,365.	11	2,540. 187,208.
	12	Investments - other securities. See Part IV, line	•	12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		71,175.	15	71,175.	
	16	Total assets. Add lines 1 through 15 (must equ			1,704,247.	16	2,016,002.
	17	Accounts payable and accrued expenses			50,688.	17	55,163.
	18	Grants payable		18			
	19	Deferred revenue			4,565.	19	5,986.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or form	ner offic	er, director,			
litie		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
Ξ	23	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			4
		of Schedule D			16,454.		17,911.
	26				71,707.	26	79,060.
ŝ		Organizations that follow FASB ASC 958, che	eck her	e X			
jce:		and complete lines 27, 28, 32, and 33.			1 660 100		1 500 670
alar	27				1,553,133.	27	1,509,672. 427,270.
Ä	28				79,407.	28	427,270.
ŭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
ц Б		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1,632,540.	31	1,936,942.
ž	32	Total net assets or fund balances			1,704,247.	32 33	2,016,002.
	33	Total liabilities and net assets/fund balances			1,/V4,24/•	აა	Eorm 990 (2022)

Form **990** (2022)

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Form 990 (2022) Part X Balance Sheet

	1990 (2022) GLOBAL SCHOLARS	56-16	<u>27401</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,091		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,800		
3	Revenue less expenses. Subtract line 2 from line 1	3	291	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,632	-	
5	Net unrealized gains (losses) on investments	5	12	,98	87.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,936	,94	<u>12.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits) , noc	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

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Nam	ame of the organization Employer identification number								
	GLOBAL SCHOLARS 56-1627401							6-1627401	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organi	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	Ily receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	r section	5 09(a)(2) .	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int			-		-	an attentiv	veness
		requirement (see instructi							
е		Check this box if the orga					Туре I, Туре	I, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetany	(vi) Amount of other
		organization	(1) 2.13	(described on lines 1-10			support (see in	-	support (see instructions)
	above (see instructions)) Yes No support (see instructions) support (see instructions)							, , , , , , , , , , , , , , , , , , , ,	
Tota									

Schedule A (Form 990) 2022

GLOBAL SCHOLARS

56-1627401 Page 2

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1907264.	2047264.	2176502.	2214657.	2060783.	10406470.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1907264.	2047264.	2176502.	2214657.	2060783.	10406470.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						196,676.
6	Public support. Subtract line 5 from line 4.						10209794.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1907264.	2047264.	2176502.	2214657.	2060783.	10406470.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,840.	6,136.	1,952.	2,354.	35,359.	51,641.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10458111.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	6,965.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.63 %
	Public support percentage from 2021					15	99.72 %
16 a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	S
						Schedule A	(Form 990) 2022

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Schedule A	Form 990) 202

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

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

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•			•		·
0.1	check this box and stop here						
	ction C. Computation of Publ		-				
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021		1			16	%
	ction D. Computation of Inves						
	1 8			ine 13, column (f))		17	%
18	1 U					18	%
198	19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
р.	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b							
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 						
		THUIL HOL CHECK a		a, UL ISD, CHECK I	THIS DUX AND SEE INS		le A (Form 990) 2022
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

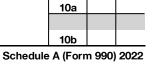
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	(Form 990) 2022		SCHOLARS
Part IV	Supporting Org	janizations (cont	tinued)

2

1

Yes No

				· · ·
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

<u>supervised, or controlled the supporting organization.</u>	
Section C. Type II Supporting Organizations	

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

Section D	. All Typ	e III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>
---	--	---	--	---------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No
Yes No
Yes
No

Schedule A (Form 990) 2022

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Sche	edule A (Form 990) 2022 GLOBAL SCHOLARS			56-1627401 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

_1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8					
	Excess from 2018				
b	Excess from 2019				

Current Year

1

GLOBAL SCHOLARS

232027 12-09-22

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c Excess from 2020 d Excess from 2021 e Excess from 2022

20327.01

Schedule A (Form 990) 2022

Schedule A (Form 990) 20	<u>)22 G</u> LOBAL	SCHOLARS	56-1627401 Page 8
Part VI Suppleme Part IV, Sect line 1; Part I	ental Information. Pro tion A, lines 1, 2, 3b, 3c, 4b, V, Section D, lines 2 and 3; nes 5, 6, and 8; and Part V,	vide the explanations required by Part 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 Part IV, Section E, lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a or 17b; Part III, line 12; 1c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, olete this part for any additional information.
(See Instruct	lions.)		
32028 12-09-22			Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

0

Schedule of Contributors

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

2022

Employer identification number

56-1627401

LOBAL	SCHOLARS

5	,
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless to the set of the set of the set of the parts unless to the set of the set

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

_

Name of organization

Employer identification number

56-1627401

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHRISTIAN SCHOLARS FOUNDATION 8094 N. SAGUARO RIDGE RD. PARKER, CO 80138	\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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
223452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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22 2022.05000 GLOBAL SCHOLARS Page **2**

Lation			

GLOBAL SCHOLARS

Name of or	rganization	Employer identification number	
<u>GLOBAI</u>	SCHOLARS		56-1627401
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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23 2022.05000 GLOBAL SCHOLARS

Schedule B (Form 990) (2022)

lame of o	rganization		Employer id	dentification number				
LOBAI	L SCHOLARS		56-16	627401				
Part III		ons to organizations described in section to organizations described in section the section of t	tion 501(c)(7), (8), or (10) that total more t					
	completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.)					
(a) No.	Use duplicate copies of Part III if additional s	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held				
-		e) Transfer of gif						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tra	ansferee				
a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	escription of how gift is held				
-	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to tra	ansferee					
Ī								
a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held				
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to tra	ansferee				
454 44 45	00			adula B /Farm 000) (or				
54 11-15	-22		Sch	edule B (Form 990) (2				

24 2022.05000 GLOBAL SCHOLARS

Department of the Treasury

(Form	990)
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Supplemental Financial Statements

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

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



Internal Revenue Service Name of the organization

Employer identification number

. am	GLOBAL SCHOLARS		56-1627401
Pa		ed Funds or Other Similar Funds o	
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	0	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	-	Yes No
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🛛 🗌 Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic sta	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	rganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
~	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing conse	rvation easements during the year
7	Amount of expanses insurred in monitoring, inspecting, ben	dling of violations, and enforcing concentration	on accompany during the year
7	Amount of expenses incurred in monitoring, inspecting, han	ding of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(b)	(A)(B)(i)
0			
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.		
Pa		f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990. Part X		\$ 71,175.

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051	09-01-22

25 2022.05000 GLOBAL SCHOLARS Schedule D (Form 990) 2022

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (minued) 3 Using the organization's accession, and other records, check any of the following that make significant use of its a Public solution d Lean or exchange program b Scholarly research e Other c Scholarly research e Other c Scholarly research e Other Parkit description of the organization's collections and explain how they further the organization's collection? Yes No. Parkit description of the organization's collections of art, historical treasures, or other similar assets Yes No. Parkit description of the organization's collection? Yes No. If 'Yes, 'explain the arrangement in Park XIII and complete the following table: ////////////////////////////////////	Sche		SCHOLARS						56-16			age 2
collection terms (check all that apply): 	Par	t III Organizations Maintaining C	Collections of Art	t, Histo	rical Tre	easures, or	Other	Similar	Assets	(contir	nued)	
a Public exhibition d □ can or exchange program b X Scholary research e □ Otto c IN provide a description of the organization's collections and explain how they further the organization's collection? IN provide a description of the organization sociel or receive donations of art, historical treasures, or other similar assets to be soft to raise funds rather than to be maintained as part of the organization's collection? IN provide a description of the organization answered 'Yes' on Form 990, Part X, Ine 9, or reported an amount on Form 900, Part X, Ine 21, Ine 20, IN provide a description or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21, Ine	3	Using the organization's acquisition, access	ion, and other records	s, check a	any of the f	following that r	make sig	nificant u	ise of its			
b Scholary research e Other 4 Provide a description of thure generations 5 Dring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solic or receive donations of art, historical treasures, or other similar assets 10 Bestrow and Custoclial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or responde an amount on Form 990, Part X, line 21, line 21		collection items (check all that apply):										
c	а		d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on form 990, Part IV, line 9, or responde an amount on form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Beginning balance	b	X Scholarly research	e	• 🗌 o	ther							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1 Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 0 Arrount 16 14 16 14 16 14 16 14 14 14 14 14 14 14 16 14 16 14 16 14	С	X Preservation for future generations										
To be out for raise funds rather than to be maintained as part of the organization's collection? Yes X No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ves No. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete The following table: Amount c Beginning balance 1d Image: Complete The following table: Amount Image: Complete The Complete The following table: Image: Complete The Complete The following table: Image: Complete The co	4	Provide a description of the organization's c	ollections and explair	how the	y further th	ne organizatior	ı's exem	pt purpos	se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,' explain the arrangement in Part Xill and complete the following table: Amount Ic Amount c Beginning balance Id Id Id Id Id c Distributions during the year Id Id <td< th=""><td>5</td><td>During the year, did the organization solicit of</td><td>or receive donations o</td><td>of art, hist</td><td>orical treas</td><td>sures, or other</td><td>similar a</td><td>assets</td><td></td><td>_</td><td></td><td>_</td></td<>	5	During the year, did the organization solicit of	or receive donations o	of art, hist	orical treas	sures, or other	similar a	assets		_		_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes." explain the arrangement in Part XIII and complete the following table: Amount 10 1a Beginning balance 10 10 10 10 c Additions during the year 10 10 11 11 11 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Part X Image: Part	_									_	X	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 16 Amount c Beginning balance 14 14 14 14 c Ending balance 14 14 14 14 14 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liabity? Ves No No b If 'Yes' explain the arrangement in Part XIII. Check here if the explanization answered 'Yes' on Form 990, Part IV, line 10. Image: State St	Par			ete if the o	organizatio	n answered "א	res" on F	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X? Yes No b It "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b It "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X with a granization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b It "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X with the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State Stat		· · ·										
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1e d Additions during the year 1e d Distributions during the year 1e b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ne Part X Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: the astimated process table if the organization answered 'Yes' on Form 990, Part IV, line 10. a Beginning of year balance (a) Ourrent year obla balance in the process table in the procesent part process table in the organizations is tare	1 a								_	-		-
Beginning balance Arnount Account Additions during the year Id									L	Yes		No
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial accounti liability? Yes No b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Outer expenditures for facilities 0 0 0 c Net investment earnings, gains, and losses 0 0 0 0 0 c Net investment earnings, gains, and losses 0 0 0 0 0 0 0 c Net investment earnings, gains, and losses 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td>b</td> <td>If "Yes," explain the arrangement in Part XIII</td> <td>and complete the fol</td> <td>lowing tal</td> <td>ble:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tal	ble:							
d Additions during the year 1d e Distributions during the year 1e 1 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b f' Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. C Net investment earnings, gains, and losses Image: Complete if the organization and programs Image: Complete if the organization and programs Image: Complete if the organization status g End of year balance Image: Complete if the organization status Image: Complete if the organization status Image: Complete if the organization status g End of year balance Image: Complete if the organization status Image: Complete if the organization status Image: Complete if the organization status g End of year balance Image: Complete if the organization status Image: Complete if the organization status										Amoun		
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f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b ft "Yes", explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Ves No b ft "Yes", explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Ves No b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c No No No No No No c Administrative expenditures for facilities (a) Current year end balance (line 1g, column (a) held as: accignated or quasi-endowment % c Permanent endowment % % Form endowment for the organization in the possession of the organization that are held and administered for the organization s; (i) Unrelated organizations (ii) Part X III e10. f Permiser bar XIII the intended uses of the organization's endowment funds. Sa(ii) Sa(ii) Sa(ii) Sa(iii)												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Contron (a) the postession of the organization answered 'Yes' on postession of the organization answered for the organization by: (f) Three years back (f) Three years back (f) Sa(f) 3a(ii) The percentages	-											
b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Two years (c) Two years (d) Three years back (e) Four years back e Other expenditures for facilities (c) Two years (c) Two years (d) Three years g End of year balance (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years (c) Two years<								· · · · ·				1
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (c) Two years back (e) Four years back 6 Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (c) Two years back back (c) Two years back back (c) Two years back back		-								_] NO]
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance									<u></u>			<u> </u>
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions c Administrative expenses Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions f Permanent endowment Image: Contributions Image: Contritions Imag									ears hack	(e) Four	vears	hack
b Contributions	10	Paginning of year balance	(u) current your	(6)11	ior your			uj 11100 j	ouro suon	(0) 1 001	youro	buon
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance g End of	ia b											
d Grants or scholarships	0											
e Other expenditures for facilities and programs	о А											
and programs												
f Administrative expenses	Ũ											
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% c Term endowment% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations												
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations				e (line 1a	column (a))) held as:						
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land						,, 11010 00.						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (d) Book value (d) Equipment (d) Equipment (e) Cost or other (f) So for 0, 054. (f) So for 0, 054. (f) Book value (f) Equipment (f) Equipment (f) Equipment (f) Equipment (f) must equal Form 990, Part X, column (B), line 10c. (f) So for 0, form (g) must equal Form 990, Part X, column (B), line 10c. 	b			_/*								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other) (c) Accumulated depreciation (d) Book value basis (investment) basis (other) (c) Accumulated depreciation (d) Book value basis (investment) basis (other) (c) Accumulated depreciation (c) Easehold improvements (c	c											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Image: See See See See See See See See See S		The percentages on lines 2a. 2b. and 2c sho	- ould equal 100%.									
organization by: Yes No (i) Unrelated organizations 3a(i)	3a			tion that	are held ar	nd administere	d for the)				
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land			Ũ]	Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land		(i) Unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 6, 054. 2, 540. 6, 054. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2, 540.										3a(ii)		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 8,594. d Equipment 8,594. e Other 2,540.	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par	t VI Land, Buildings, and Equipn	nent.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	ed "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990,	Part X, li	ine 10.				
b Buildings		Description of property			. ,		• •		d	(d) Boo	k value	Э
b Buildings	1a	Land										
c Leasehold improvements												
d Equipment 8,594. 6,054. 2,540. e Other	с											
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 2,540.						8,594.		6,05	54.		2,54	40.
											_	
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	X, columr	<u>n (B). line 1</u>	0c.)	<u></u>					<u> 10.</u>

Schedule D (Form 990) 2022

11301103 132842 20327.0000

Schedule D (Form 990) 2022	GLOBAL	SCHOLARS
Part VII Investments -	Other Securit	ies

Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment			of year market yelue
	(b) Book value	(c) Method of valuation: Cost or end-	Jryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	; (J.)		
Complete if the organization answered "Yes"	on Form 900 Part IV line	11e or 11f See Form 000 Port V line 25	
			(b) Book value
(1) Federal income taxes			
(2) LIABILITY FOR COLLEGE ALLO	JWANCE		10 044
(3) FUND			17,911
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		17,911
2 Liability for uncertain tax positions. In Part XIII, provide		•	

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 GLOBAL SCHOLARS			56-3	1627401 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,826,885.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	12,987.		
b	Donated services and use of facilities	2b	1,722,338.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,735,325.
3	Subtract line 2e from line 1			3	2,091,560.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,091,560.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		th Expenses per l	Returi	1.
1	Total expenses and losses per audited financial statements			1	3,522,483.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				<u>·</u>
а	Donated services and use of facilities	2a	1,722,338.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	<u>1,722,338.</u> 1,800,145.
3	Subtract line 2e from line 1			3	1,800,145.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,800,145.
Pa	t XIII Supplemental Information.				

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

232054 09-01-22

Schedule D (Form 990) 2022

Statement of Activities Outside the United States

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

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

(c) Number of (d) Activities conducted in the region

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

expenditures employees, offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC - AUSTRALIA. TEACHING, RESEARCH, OR BRUNEI, BURMA, ADMINISTRATION AT THE CAMBODIA 0 7 PROGRAM SERVICES UNIVERSITY LEVEL 146,801. EUROPE (INCLUDING ICELAND & GREENLAND) TEACHING, RESEARCH, OR - ALBANIA, ANDORRA, ADMINISTRATION AT THE 453,290. AUSTRIA, BELGIUM 0 PROGRAM SERVICES UNIVERSITY LEVEL 23 NORTH AMERICA -CANADA AND MEXICO TEACHING, RESEARCH, OR BUT NOT THE UNITED ADMINISTRATION AT THE UNIVERSITY LEVEL STATES 0 4 PROGRAM SERVICES 14,508. RUSSIA AND NEIGHBORING STATES -TEACHING, RESEARCH, OR ARMENIA, AZERBIJAN, ADMINISTRATION AT THE UNIVERSITY LEVEL 3 BELARUS 0 PROGRAM SERVICES 17,081. SOUTH AMERICA -ARGENTINA, BOLIVIA, TEACHING, RESEARCH, OR BRAZIL, CHILE, ADMINISTRATION AT THE PROGRAM SERVICES UNIVERSITY LEVEL COLUMBIA, ECUADOR 0 6 44,703. SOUTH ASIA -AFGHANISTAN, TEACHING, RESEARCH, OR BANGLADESH, BHUTAN, ADMINISTRATION AT THE INDIA, MALDIVES 0 2 PROGRAM SERVICES UNIVERSITY LEVEL 32,092. SUB-SAHARAN AFRICA ANGOLA, BENIN, TEACHING, RESEARCH, OR BOTSWANA, BURKINA ADMINISTRATION AT THE 0 13 PROGRAM SERVICES UNIVERSITY LEVEL 232,508. FASO 0 58 940,983. 3 a Subtotal b Total from continuation 0 0 0. sheets to Part I c Totals (add lines 3a 0 58 940,983. and 3b)

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

Schedule F (Form 990) 2022

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

X Yes

No

(f) Total

56-1627401

(e) If activity listed in (d)

Internal Revenue Service

Part I

2

Name of the organization

United States

(a) Region

GLOBAL SCHOLARS

Form 990, Part IV, line 14b.

(b) Number of

(Form 990) Department of the Treasury

SCHEDULE F

232071 10-17-22

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND						
		MEXICO, BUT NOT						
			SUPPORT FOR FELLOWS	10,047.	WIRE	٥.		
			recognized as charities by the t					1
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect					1

232072 10-17-22

Page 2

EUROPE (INCLUDING ICELAND & GREENLAND)	1	12,200.	WIRE	0.	FMV

Schedule F (Form 990) 2022

(a) Type of grant or assistance

GLOBAL SCHOLARS

(b) Region

Part III can be duplicated if additional space is needed.

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

(d) Amount of

cash grant

(e) Manner of

cash disbursement

(c) Number of

recipients

(g) Description of

noncash assistance

(f) Amount of

noncash assistance

Schedule F (Form 990) 2022

(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 GLOBAL SCHOLARS

Part V | Supplemental Information

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

PART I, LINE 2:

THE GRANT PROCESS VARIED DEPENDING ON THE TYPE OF GRANT OR ASSISTANCE.

THE GRANT TO AN ORGANIZATION WAS MADE TO AN ORGANIZATION WITH A LONG TERM

RELATIONSHIP WITH GLOBAL SCHOLARS, SUPPORTING WELL-ESTABLISHED, ONGOING

PROJECTS. THE GRANT TO A FOREIGN INDIVIDUAL REPORTED HERE WAS MADE TO AN

INDIVIDUAL WITH A LONG TERM RELATIONSHIP WITH GLOBAL SCHOLARS, SUPPORTING

WELL-ESTABLISHED, ONGOING PROJECTS. AN ANNUAL REPORT ON THE PROGRESS OF

PROJECTS IS RECEIVED. OTHER GRANTS, UNDER THE \$5,000 REPORTING THRESHOLD

WERE MADE TO INDIVIDUAL GRANT RECIPIENTS WHO COMPLETED A GRANT

APPLICATION PROCESS, OUTLINING THE PROPOSED USE FOR THE GRANT FUNDS.

GLOBAL SCHOLARS RECEIVES PERIODIC REPORTS ON THE PROGRESS OF THE PROJECT,

AS APPROPRIATE FOR THE SCOPE OF THE PROJECT.

232075 10-17-22

SC	HEDULE J	Compensa	tion Information	I	OMB No. 1	1545-004	47
(Fo	rm 990)	-	, Trustees, Key Employees, and Highest		20	99)
			nsated Employees		20	22	-
Depa	tment of the Treasury		wered "Yes" on Form 990, Part IV, line 23. th to Form 990.		Open to	Publ	ic
	al Revenue Service		r instructions and the latest information.		Inspe	ction	
Nam	e of the organization			Employer i			mber
		GLOBAL SCHOLARS		56-1	62740	1	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of t	the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any releva					
	First-class or c	harter travel	\underline{X} Housing allowance or residence for perso	nal use			
	Travel for com		Payments for business use of personal re-	sidence			
	_	ation and gross-up payments	Health or social club dues or initiation fee	S			
	Discretionary	pending account	Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization fol					
		rovision of all of the expenses described above			<u>1b</u>	х	
2		require substantiation prior to reimbursing or				37	
	trustees, and office	rs, including the CEO/Executive Director, regar	ding the items checked on line 1a?		2	Х	
•							
3		y, of the following the organization used to est					
		ctor. Check all that apply. Do not check any bo	, ,	on to			
		tion of the CEO/Executive Director, but explain					
	Compensatior		Written employment contract				
	·		\mathbf{X} Compensation survey or study				
	Form 990 of o	her organizations	$\underline{\mathbf{X}}$] Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section	on A line 12 with respect to the filing				
-	organization or a re	• •	on A, line Ta, with respect to the himig				
а	•	e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonqualified					x
		eive payment from an equity-based compensat					x
•		es 4a-c, list the persons and provide the applic					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations n	nust complete lines 5-9.				
5	• •	n Form 990, Part VII, Section A, line 1a, did the	-	'n			
	contingent on the r						
а	•				5a		X
		ation?					X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
		ation?					X
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	e organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III \ldots			7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued	d pursuant to a contract that was subject to th	ne			
	initial contract exce	ption described in Regulations section 53.4958	8-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable pr					
	Regulations section	53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for	Form 990.	Sched	lule J (Forn	n 990)) 2022

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

GLOBAL SCHOLARS

56-1627401

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

INFLUENCE AMONG THEIR STUDENTS, COLLEAGUES, UNIVERSITIES AND

DISCIPLINES, AT A REASONABLE COST.

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

COMMUNICATE THE GOSPEL EFFECTIVELY AND HELP OTHERS GROW IN THEIR

FAITH

6. COLLABORATE WITH OTHER CHRISTIAN SCHOLARS LOCALLY AND GLOBALLY

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

THE BOARD OF DIRECTORS DOCUMENTS ITS MEETINGS OR OTHER ACTIONS ON THE

BOARD'S GOOGLE DRIVE. NO BOARD COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE ENTIRE BOARD.

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

THE ORGANIZATION PROVIDES A COMPLETE COPY OF THE FORM 990 TO THE ENTIRE GOVERNING BODY BEFORE FILING THE FORM. UPON RECEIPT OF THE FORM 990 BY THE ORGANIZATION IT IS REVIEWED BY THE BOARD TREASURER, IN CONSULTATION WITH THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS. THE ENTIRE FORM 990 IS THEN BE FORWARDED TO ALL BOARD MEMBERS FOR QUESTIONS, COMMENTS AND REVIEW PRIOR TO THE FORM 990 BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS WERE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY IN MARCH 2023. EACH BOARD MEMBER AFFIRMED, IN WRITING, HIS RECEIPT OF THE POLICY. NO CONFLICTS OR POTENTIAL CONFLICTS WERE IDENTIFIED. ADDITIONALLY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22 37

Name of the organization	Employer identification number
GLOBAL SCHOLARS	56-1627401
THE MEMBERS OF THE LEADERSHIP TEAM AND ALL KEY EMPLOYEES R	ECEIVED A COPY OF
THE POLICY IN JULY 2022 AND AFFIRMED THEIR COMPLIANCE. NO	CONFLICTS OR

POTENTIAL CONFLICTS WERE IDENTIFIED.

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

THE BOARD OF DIRECTORS REVIEWS THE CEO/PRESIDENT'S PERFORMANCE AND

COMPENSATION. IN FY 22-23, THE BOARD AUTHORIZED A 5% SALARY INCREASE FOR

THE CEO. THE CEO/PRESIDENT ASSESSES THE PERFORMANCE OF HIS LEADERSHIP TEAM

AND REVIEWS COMPENSATION, IF APPROPRIATE, AS DUTIES CHANGE AND AT LEAST

ANNUALLY. THE CEO/PRESIDENT USES PUBLICALLY AVAILABLE RESOURCES SUCH AS

SALARY SURVEYS AS PART OF HIS REVIEW OF COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,CO,IL,KS,MI,MN,NH,NY,NC,ND,OH,PA,TN,UT,VA,WA,WI

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

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR

232212 10-28-22