Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021 C Name of organization GLOBAL OUTREACH FOUNDATION D Employer identification number Check if applicable: R Doing business as 20-0593285 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 720-389-6465 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Estes Park, CO 80517 **G** Gross receipts \$ 605,306 Amended return Application pending F Name and address of principal officer: Shannon Coenen PO Box 1213, Estes Park, CO 80517 **H(b)** Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) 4947(a)(1) or 501(c) () ◀ (insert no.) If "No." attach a list. See instructions. Website: ► www.globaloutreachfoundation.org **H(c)** Group exemption number ▶ Form of organization: 🗸 Corporation Trust Association L Year of formation: 2004 M State of legal domicile: CO Part I **Summary** 1 Briefly describe the organization's mission or most significant activities: GOF furthers the gospel of Jesus Christ through evangelism, discipleship & training, education, and humanitarian projects. Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 4 6 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 582,310 605,303 Revenue 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5 3 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 645 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 582,960 605,306 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 361,408 296,114 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 76,532 107,124 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 90,205 85,391 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 528,145 488,629 Revenue less expenses. Subtract line 18 from line 12 19 54,815 116,677 Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 179,078 294,636 21 Total liabilities (Part X, line 26) . 3,343 2,223 22 Net assets or fund balances. Subtract line 21 from line 20 175,735 292,413 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 Here Shannon Coenen, President Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if **Paid** self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions

Yes

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Part	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 Outreach Foundation furthers the gospel of Jesus Christ through evangelism, discipleship & training, education, and	
	humanitarian projects.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	1
	services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$285,656 including grants of \$273,566) (Revenue \$0) MISSIONARY SUPPORT Financially supported 13 missionary couples' living and ministry costs. Missionaries served 7,870	
	people across 13 nations in Africa, Asia, Europe, and North America.	
4b	(Code:) (Expenses \$149,023 including grants of \$52,482) (Revenue \$0) OUTREACH Food distribution to more than 400 households, support digital Bible camp, held evangelistic meetings, worship services, video conference sessions, and pastor trainings. Program services spanned 13 nations across Africa, Asia, Europe, an	 d
	North America.	
4c	(Code:) (Expenses \$19,926 including grants of \$14,737) (Revenue \$0)	
	EDUCATION Supported costs of classroom supplies, education services, food, and medicine for more than 100 vulnerable youth in Africa and Asia.	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ► 454,605	

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	0 (2021)		ı	Page
Part	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	<i>'</i>	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2	V	<i>'</i>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.	10		
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		,
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		,
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		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		\(\tau \)
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	~	
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	,	
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		-
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	,	
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		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		,
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		,
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

20b

Part l	V 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	_	
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		_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		
	\$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		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	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	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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			
00	•	25b		~
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? <i>If "Yes," complete Schedule L, Part II</i>	26		_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
а	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			•
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		_
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		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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	07		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		<i>'</i>
	19? Note: All Form 990 filers are required to complete Schedule O	38	'	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	.,	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		_
b	If "Yes," enter the name of the foreign country ▶	4a		
D	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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		
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).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	10		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
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			
C	Enter the amount of reserves on hand	4.4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.	17		
	n res, complete form 000s.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a 1 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ co 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Upon request Other (explain on Schedule O) ✓ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Shannon Coenen, (720)389-6465

Part VI

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

□ Check this box if neither the organization nor	^r any relate	d org	aniz	atio	n c	ompe	ensa	ited any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average hours	box,	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from the	Reportable compensation from related	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Shannon Coenen	40.00									
President		~		~				30,250	0	0
Salvador Villagran Treasurer	2.00 0.00	,		,				0	0	0
Shelley Jones	2.00									
Secretary	0.00	~		~				0	0	0
Steven Ferrante	2.00									
Director	0.00	~						0	0	0
		-								

Part	VII Section A. Officers, Directors, 7	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
					(C)					
	(A)	(B)				sition			(D)	(E)	(F)
	Name and title	Average	,				e than o		Reportable	Reportable	Estimated amount
		hours					is both or/trus		compensation	compensation	of other
		per week		_	_	_		<u> </u>	from the	from related	compensation
		(list any hours for	함	stit	Officer	ey e	nple	Former	organization (W-2/	organizations (W-2/	from the organization and
		related	dua) tio	¥) j	st c	욕	1099-NEC)	1099-NEC)	related organizations
		organizations	Individual trustee or director	Institutional trustee		Key employee	ğ				
		dotted line)	Iste	trus		ď	pen				
			Φ	tee			Highest compensated employee				
							ڡٞ				
-											
			-								
-											
			-								
					-						
			-								
1b	Subtotal							ightharpoons	30,250	0	0
С	Total from continuation sheets to Part	VII, Section	n A					ightharpoons			
d	Total (add lines 1b and 1c)							ightharpoons	30,250	0	0
2	Total number of individuals (including but	t not limited	d to th	nose	e lis	ted	above	e) w	ho received mor	e than \$100,000	of
	reportable compensation from the organi	ization ►							0		
											Yes No
3	Did the organization list any former of	officer, dire	ector.	tru	ıste	e, k	cev e	mpl	lovee, or highes	st compensated	
	employee on line 1a? If "Yes," complete							-		-	3 1
4	For any individual listed on line 1a, is the							n a	nd other compe	nsation from the	
-	organization and related organizations										
	individual										4
5	Did any person listed on line 1a receive of	or accrue co	nmne	nea	tion	fro	m anı	/ I In	related organizat	tion or individua	
Ū	for services rendered to the organization									lion of individua	
Sooti	on B. Independent Contractors	- 1 100, 0	,0,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			5 /
	Complete this table for your five high	acet comp	onoot	<u>~</u>	ind	000	ndont		entractors that r	raccivad mara	than \$100,000 of
1	compensation from the organization. Rep										
	compensation from the organization. Nep	ort compen	isalioi	11 10	LITE	. Ca	leriua	ı ye	ar ending with or	within the organ	iization s tax year.
	(A)								(B)		(C)
	Name and business add	iress							Description of serv	rices	Compensation
None											
2	Total number of independent contractor							o th	nose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	gan	nizat	ion	▶		0		

Page 8

D 1/////	Statement of Revenue
34:14 AVAII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	ny line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is, is	1a	Federated campaign	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ع و	С	Fundraising events			1c	0				
Ţ,	d	Related organization			1d	0				
ia ii	е	Government grants			1e	0				
JS,	f	All other contribution								
i i			mounts not included above 1f			605,303				
p g	q	Noncash contribution	oncash contributions included in							
e di	·	lines 1a-1f			1g	\$ 0				
an Go	h	Total. Add lines 1a-					605,303			
					•	Business Code	333/333			
e e	2a									
ا کِ	b									
Se	C									
gram Ser Revenue	d									
gra	e									
Program Service Revenue	f	All other program se								
-	g	Total. Add lines 2a-				•	0			
	3	Investment income								
		other similar amoun	its) .			🕨	3	3	0	0
	4	Income from investr	nent (of tax-exem	npt bo	ond proceeds ►	0	0	0	0
	5	Royalties				•	0	0	0	0
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с		0	0				
	d	Net rental income o	r (los	s)		🕨				
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
ne ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
Ze		Gain or (loss)	7c		0	0				
		Net gain or (loss)				<u> ▶</u>				
Other	8a	Gross income from		ındraising						
0		events (not including		0						
		of contributions rep 1c). See Part IV, line			0-					
	L	•			8a 8b					
		Less: direct expense Net income or (loss)				ents ▶				
	с 9а	Gross income f			g eve	ents >				
	Ju	activities. See Part I			9a					
	h	Less: direct expense	•		9b					
		Net income or (loss)				⊥es ▶				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	C	Net income or (loss)								
<u>o</u>		, , , ,				Business Code				
e go	11a									
scellaneo Revenue	b									
eve eve	С									
Miscellaneous Revenue	d									
2	е	Total. Add lines 11a	a–11c	d		•	0			
	12	Total revenue. See	instr	uctions		🕨	605,306	3	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) a	and 501(c)(4) (organizations mu	ıst complete all columns.	. All other organizations mus	t complete column (A).
<u> </u>					•

	Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , 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		σχροποσο	general expenses	одрогиесь			
	and domestic governments. See Part IV, line 21 .	1 400	1 400					
2	Grants and other assistance to domestic	1,480	1,480					
2	individuals. See Part IV, line 22							
_	·	228,495	228,495					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	66,139	66,139					
4	Benefits paid to or for members	0	0					
5	Compensation of current officers, directors,							
	trustees, and key employees	30,250	15,125	15,125	0			
6	Compensation not included above to disqualified	55/255	10/120	10,120	<u>-</u> _			
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0	0	0	0			
7		_	_					
7 8	Other salaries and wages	76,214	69,014	7,200	0			
J	section 401(k) and 403(b) employer contributions)	_	_	=	=			
_	11	0	0	0	0			
9	Other employee benefits	0	0	0	0			
10	Payroll taxes	660	14	646	0			
11	Fees for services (nonemployees):							
а	Management	0	0	0	0			
b	Legal	0	0	0	0			
С	Accounting	0	0	0	0			
d	Lobbying	0	0	0	0			
е	Professional fundraising services. See Part IV, line 17	0			0			
f	Investment management fees	0	0	0	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A), amount, list line 11g expenses on Schedule O.) .	0	0	0	0			
12	Advertising and promotion	0	0	0	0			
13	Office expenses	45,693	42,423	3,270	0			
14	Information technology	2,780	0	2,780	0			
15	Royalties	0	0	0	0			
16		0	0					
	Occupancy	_	_	0	0			
17 18	Travel	31,915	31,915	0	0			
10	for any federal, state, or local public officials	_	_	_	_			
40		0	0	0	0			
19	Conferences, conventions, and meetings .	0	0	0	0			
20	Interest	0	0	0	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization .	0	0	0	0			
23	Insurance	5,003	0	5,003	0			
24	Other expenses. Itemize expenses not covered							
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A), amount, list line 24e expenses on Schedule O.)							
а								
b								
С								
d								
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	488,629	454,605	34,024	0			
26	Joint costs. Complete this line only if the	+00,027	434,003	34,024	<u> </u>			
	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)							
	following SOP 98-2 (ASC 958-720)				Form 990 (2021)			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		📙
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	152,300	1	246,518
	2	Savings and temporary cash investments	26,778	2	48,118
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	0
Ś	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	179,078	_	294,636
	17	Accounts payable and accrued expenses	3,343		2,223
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
S	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,343	26	2,223
S		Organizations that follow FASB ASC 958, check here ▶ □			
JC.		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
Ä	28	Net assets with donor restrictions		28	
<u>n</u>		Organizations that do not follow FASB ASC 958, check here ▶ ✓			
Ţ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	0
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
Ass.	31	Retained earnings, endowment, accumulated income, or other funds	175,735	31	292,413
et/	32	Total net assets or fund balances	175,735		292,413
Ž	33	Total liabilities and net assets/fund balances	179,078	33	294,636

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		60	5,306
2	Total expenses (must equal Part IX, column (A), line 25)		488	8,629
3	Revenue less expenses. Subtract line 2 from line 1		116	6,677
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		17!	5,735
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			1
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		292	2,413
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	2a		
	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		~
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20		
	separate basis, consolidated basis, or both:			
	☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b		

Form **990** (2021)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization **GLOBAL OUTREACH FOUNDATION** 20-0593285 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E) **Total**

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	, ,		/ 1	'	,	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						.,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				() 2222		
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	12 ear as a section	n 501(c)(3)
Cooti	organization, check this box and stop her	re					🕨 📙
Secti	on C. Computation of Public Suppor Public support percentage for 2021 (line 6			11 column (f)\		14	<u></u> %
15 16a	Public support percentage from 2020 Sch 33 ¹ / ₃ % support test—2021. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box		 nd line 14 is 30	15	check this
b	33 ¹ / ₃ % support test—2020. If the organization this box and stop here. The organization	zation did not	check a box c	n line 13 or 16	Sa, and line 15	is 33 ¹ /3% or m	ore, check
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu	mstances test, est. The organ	check this bo	x and stop he	re. Explain
18	Private foundation. If the organization of				, 17a, or 17b,	check this bo	x and see

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

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.)

Secti	on A. Public Support				•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	188,042	295,681	486,433	582,310	605,303	2,157,769
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	0	0	0	0		0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0		0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	_	_	_	_		_
_	·	0	0	0	0		0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0 188,042	0	0	0	/OF 202	2.157.7(0
7a	Amounts included on lines 1, 2, and 3	188,042	295,681	486,433	582,310	605,303	2,157,769
7 4	received from disqualified persons .	0	0	0	0		0
b	Amounts included on lines 2 and 3	0	0	0	0		
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0		0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						2,157,769
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	188,042	295,681	486,433	582,310	605,303	2,157,769
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties, and income from similar sources .	0	0	0	0		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	_	_	_	_		_
_	Add lines 10a and 10b	0	0	0	0	0	0
С 11	Net income from unrelated business	U	0	0	0	0	0
• • •	activities not included on line 10b, whether						
	or not the business is regularly carried on	0	0	0	0		0
12	Other income. Do not include gain or	0	<u> </u>	0	0		
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0		0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	188,042	295,681	486,433	582,310	605,303	2,157,769
14	First 5 years. If the Form 990 is for the	•	s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he						🕨 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8		•			15	100 %
16	Public support percentage from 2020 Sch				<u></u>	16	100 %
	on D. Computation of Investment In				(0)	1	
17	Investment income percentage for 2021 (17	0 %
18							
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2020. If the organiz	_	_	-		_	_
D	line 18 is not more than 33 ¹ / ₃ %, check this l						
20	Private foundation. If the organization di	_	_	•		-	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
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.	9b		
С	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.	9c		
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.	10a		
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.)	10b		

Schedule A (Form 990 or 990-EZ) 2021

Part	IV Supporting Organizations (continued)			
			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		
Secti	on 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, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. 			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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-functional		ntegrated Type III suppo	orting organization
,	(see instructions).	any I	megrated Type III suppo	nung organization

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number **GLOBAL OUTREACH FOUNDATION** 20-0593285 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line	14b.	.cc catolog		ipioto ii tiio organization a				
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	e organizatio		s or assistance, and the s		✓ Yes □ No			
	awara the grante of accident								
2	For grantmakers. Describe outside the United States.	in Part V the	e organization'	s procedures for monitoring	ng the use of its grants an	d other assistance			
3	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)								
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region			
(1)	South Asia	0	1	Program Services	Education, Outreach	6,298			
(2)	East Asia and the Pacific	0	2	Program Services	Education, Outreach	7,090			
(3)	Sub-Saharan Africa	0	2	Program Services	Education, Outreach	52,751			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
3a	Subtotal								
b	Total from continuation								
	sheets to Part I	-							
С	Totals (add lines 3a and 3b)	0	5			66,139			

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. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Education	South Asia	1	6,160	Wire Transfer	0	N/A	N/A
(2) Outreach	South Asia	1	138	Wire Transfer	0	N/A	N/A
(3) Education	East Asia and the Pacific	1	6,030	Wire Transfer	0	N/A	N/A
(4) Outreach	East Asia and the Pacific	1	1,060	Wire Transfer	0	N/A	N/A
(5) Education	Sub-Saharan Africa	1	1,337	Wire Transfer	0	N/A	N/A
(6) Outreach	Sub-Saharan Africa	2	51,414	Wire Transfer	0	N/A	N/A
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
_(13)							
_(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2021 Page **4**

Part IV Foreign Forms

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 Page **5**

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.

Schedule F, Part I, Line 2 - MONITORING USE OF FUNDS All foreign recipients are selected and overseen by an approved Global
Outreach Foundation missionary. All funds given to grant recipients are only to be used for specified program services. Grant recipients
must submit periodic reports and receipts to the supervising missionary for review. Any expenses not in accordance with the guidelines
and/or disapproved by the missionary must be reimbursed immediately.

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number GLOBAL OUTREACH FOUNDATION** 20-0593285 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) (9) (10)(11)(12)

Schedule I (Form 990) 2021 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 0 N/A 1 Missionary Support 11 228,395 N/A 2 Outreach 100 0 N/A N/A 3 4 5 6 7 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV Schedule I, Part I, Line 2 - Recipients must submit periodic reports of activities and accomplishments. Recipients receiving greater than \$600 receive a Form 1099 reporting total grant amounts and are responsible to report living and ministry costs on their personal taxes per IRS regulations. Funds not used according to granted purposes must be reimbursed

immediately.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number GLOBAL OUTREACH FOUNDATION** 20-0593285 Form 990, Part VI, Section A, Line 1a - VOTING RIGHTS Per bylaws, the President "shall be a non-voting member except to break a tie vote of the Board of Directors." Form 990, Part VI, Section B, Line 11b - REVIEW OF FORM 990 One the Form 990 is prepared, it is presented to the Board of Directors at a regularly scheduled meeting or via email for review and approval prior to submission to the IRS. Form 990, Part VI, Section B, Line 12c - CONFLICT OF INTEREST Each Board member is responsible to disclose conflicts of interest per Board policy. All Board members are allowed and encouraged to inquire of other members should a perceived, potential, or known conflict arise. The Board member with the conflict of interest is prohibited from voting or lobbying on the matter. Form 990, Part VI, Section C, Line 19 - PUBLIC DOCUMENTS Global Outreach Foundation's governing documents, conflict of interest, and financial statements were available to the public upon request. The Conflict of Interest, Whistleblower Policy, and previous years' Form 990s were available online at the organization's website: www.globaloutreachfoundation.org

Schedule O, Statement 1 GLOBAL OUTREACH FOUNDATION

Form: Form 990 (2021) EIN: 20-0593285

Page: 1 Header Section

Reasonable Cause Explanations

The organization filed Form 8868 for an automatic extension of time to file. Per Notice CP211A, our filing deadline is now November 15, 2022. Therefore, we are not filing late, but are in accordance with notice CP211A.

Explanation