Return of Organization Exempt From Income Tax

OMB No. 1545-0047

23

20

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

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.

Open to Public Inspection

B Check If applicable: C Number and argumentation GLOBAL OUTREACH FOUNDATION D Employeer identification number 20-0593285 Address change Number and street (r.P.O. box if mail is not delivered to street address) Room/suite E Telephone number 20-0593285 Initial return PO Box 1213 Construction of the power province, country, and ZIP or foreign postal code E Telephone number 30-4035 Image change Final return PO Box 1213, Estes Park, CO 80517 H(a) is this a group return to address of principal officer: Shannon Coenen H(a) is this a group return to address the Tow or two states of principal officer: Shannon Coenen H(b) Are all subcrimates in Coend return address the structure of the Composition or g H(b) Are all subcrimates in Coend return address the province in the comption number of the comparison or most significant activities: Global Outreach Foundation furthers the gospel of the comption number of return address the governing body (Part VI, line 1a) 3 Image change Deriver of volting members of the governing body (Part VI, line 1a) 4 3 Image change chan	Α	For the	e 2023 calen	dar year, or tax year beginning 01/01/2023 and	d ending		1	2/31/2	023		
Name change Number and steet (or P.O. box if mail is not delivered to street address) Poom/suite E Telephone number Initial return PO Box 1213 720-389-6465 720-389-6465 Immediated Estes Park, CO 80517 G Goss receipts \$ 459,403 Application pending F Name and address of privince, country, and 2IP or foreign postal code G Goss receipts \$ 459,403 Mamedia return F Name and address of privince, country, and 2IP or foreign postal code G Goss receipts \$ 459,403 Application pending F Name and address of privince, country, and 2IP or foreign postal code G Goss receipts \$ 459,403 Mamedia return I Brieffel describes of privince, country, and 2IP or foreign postal code Hig Group exemption number I Brieffel describe the organization org Hig Group exemption number Hig Group exemption number 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a). 3 4 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 3 3 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 3 3 4 Number of independent voting members of the governing body (Part VI, lin	в	Check if	applicable:	C Name of organization GLOBAL OUTREACH FOUNDATION					D Empl	oyer identification	number
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J Website: www.globaloutreachfoundation.org H(e) Group exemption number K Form of organization [] Corporation] Trust] Association] Other L Year of formation: 2004 M State of legal domicile: CO Part I Summary I Briefly describe the organization's mission or most significant activities: Global Outreach Foundation furthers the gospel of Jesus Christ through evangelism, discipleship and training, education, and humanitarian projects. 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)				PO Box 1213, Estes Park, CO 80517			H(b) Ai	re all sul	bordinat	es included? 🗌 Y	es 🗌 No
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								10	800,008		201,169

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

Sign Here	Signature of officer Shannon Coenen, President			Dat	e		
Paid Proparor	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Here S Paid Preparer Use Only	Firm's name			Firm's	s EIN		
	Firm's address			Phone	e no.		
May the IRS	discuss this return with the prepare	r shown above? See instructions				Yes	🗌 No
						00	20

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 99	0 (2023) Page 2
Part	
	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 and training, education, and humanitarian projects.
	numanitarian 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?
•	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?
	services?
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 \$
	MISSIONARY SUPPORT Financially supported 12 missionary units' living and ministry costs. Missionaries served 11,208
	individuals across 14 nations in Africa, Asia, Europe, and North America.
4b	(Code:) (Expenses \$ 121,350 including grants of \$ 32,700) (Revenue \$)
	OUTREACH & DISCIPLESHIP Held evangelistic meetings, worship services, youth camps, video conferences, pastor trainings,
	distributed food to approximately 500 vulnerable youth and adults, and rescued 14 individuals from human trafficking. Program
	services impacted 11,208 individuals across 14 nations in Africa, Asia, Europe, and North America.
4c	(Code:) (Expenses \$20,243 including grants of \$15,196) (Revenue \$0)
70	(Code:) (Expenses \$ 20,243 including grants of \$ 15,196) (Revenue \$0) EDUCATION Supported costs of classroom supplies, education services, food, and medicine for 483 vulnerable youth in Africa
	and Asia.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 390,992

Form 99	0 (2023)		F	Page 3
Part	V 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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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 "Yes," 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 "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	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.			
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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
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?	14a	~	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	~	
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	~	
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1a and 8a2 <i>If "Yes," complete Schedule G. Part II.</i>	17		
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		
00-	If "Yes," complete Schedule G, Part III	19		v
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	200		~

	00 (2023)		F	Page 4
Part	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	v	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	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 to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 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? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~ ~
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 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? <i>If "Yes," complete Schedule R, Part I</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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 1	1c	Yes ✓	No

Form 990			I	Page 5
Part			Yes	No
	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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		~
	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).			
а	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		
	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ISa		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
	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		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	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.			
	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?	47		
		17		
	If "Yes," complete Form 6069.			

Form	990	(2023)
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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	nstruc	tions
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4 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.	-	Yes	No
ь 2	Enter the number of voting members included on line 1a, above, who are independent . 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		~
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		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		ン ン ン ン
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		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	~	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C	ode.))
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		~
11a b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a 12a	マ マ	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done.</i>	12b 12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14 15	Did the organization have a written document retention and destruction policy?	14	~	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b 16a		ン ン ン
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		
Secti	on C. Disclosure			·
17 18	List the states with which a copy of this Form 990 is required to be filed <u>CO</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion (501(c

Own website	✓ Another's website	 Upon request 	Other (explain on Schedule O)

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

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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 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation	compensation	of other
	per week (list any hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	below dotted line)	rustee	trustee		/ee	npensated				
Shannon Coenen	40.00									
President	0.00	~		~				30,000	0	0
Salvador Villagran	2.00									
Treasurer	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
		-								
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		-								
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Part	VII Section A. Officers, Directors, 7	rustees,	Key	Emj	ploy	yee	s, an	d⊦	lighest Compe	ensated E	mplo	yees (c	ontin	ued)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reporta compensa	ation	Estimat 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	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from rela organization 1099-MI 1099-NI	s (W-2/ SC/			and
			-											
			-											
			-											
			-											
			-											
			-											
			-											
1b	Subtotal		 						30,000		0			0
c d								•	30,000		0			0
2	Total number of individuals (including reportable compensation from the organi		limite	ed t	o t	hos	e list	ed	above) who re	eceived m	nore t			
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							•	loyee, or highes				Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations <i>individual</i> .	e sum of re greater th	porta an \$ ⁻	ble (150,	com 000	npei)? <i>I</i> :	nsatio f "Yes	s,"	complete Schee					-
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	froi	m any	' un	related organiza	tion or indi		4 5		~ ~
Secti 1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add							, -	(B) Description of serv			(C) Compensa		
Vone														
2	Total number of independent contracto	vra (includiu	ag bi	it 12	ot I	limit	ad to	th	and listed show					_

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII	
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Teal Press Production Reserved Understand Rese			Oneck in Ochedule	0.00		opon					
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>							1	(A) Total revenue	(B) Related or exempt function revenue		from tax under
Business Code Business Code 2a	ts,	1a	Federated campaign	ns .			0				
Business Code Business Code 2a	un 'an	b	Membership dues			1b	0				
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Business Code Business Code 2a	ia Gi	е	Government grants	(cont	tributions)	1e	0				
Business Code Business Code 2a	Sir S	f	All other contribution	is, gi	fts, grants,						
Business Code Business Code 2a	er (and similar amounts no	ot incl	uded above	1f	459,385				
Business Code Business Code 2a	ţ	g									
Business Code Business Code 2a	d tr		lines 1a-1f			1g	\$ 0				
Business Code Business Code 2	a Co	h	Total. Add lines 1a-	-1f .				459,385			
g Total. Add lines 2a-2f											
g Total. Add lines 2a-2f	9	2a									
g Total. Add lines 2a-2f	Ξ	b									
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g Total. Add lines 2a-2f	E S										
g Total. Add lines 2a-2f	Be										
g Total. Add lines 2a-2f	Š										
3 Investment income (including dividends, interest, and other similar amounts) 18 18 0 0 4 Income from investment of tax-exempt bond proceeds 0 0 0 0 0 6a Gross rents . (0) Real (0) Personal 0 0 0 0 0 6a Gross rents . (a) (b) (c) (c)<	B							0			
other similar amounts) 18 18 0 0 4 Income from investment of tax-exempt bond proceeds 0		•						0			
4 Income from investment of tax-exempt bond proceeds 0 <t< th=""><th></th><th>•</th><th></th><th></th><th></th><th></th><th></th><th>10</th><th>10</th><th>0</th><th>0</th></t<>		•						10	10	0	0
5 Royalties 0		1									
Ga Gross rents Ga (i) Real (ii) Personal b Less: rental expenses Go						-					
Ga Gross rents Ga b Less: rental expenses Gb		5	noyallies	• •				U	U	U	U
Butes: rental expenses 6b 6c 0 0 d Net rental income or (loss) 6c 0 0 0 d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory internation into the than inventory and sales expenses c Gain or (loss) c Gain or (loss) d Net gain or (loss) from fundraising events (not including \$ e C Net income or (loss) from gaming activities d Less: direct expenses g <th></th> <th>60</th> <td>Cross ronto</td> <td>60</td> <td>(i) rica</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		60	Cross ronto	60	(i) rica						
C Rental income or (loss) 6c 0 0 d Net rental income or (loss)		_									
d Net rental income or (loss) <t< th=""><th></th><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>			-								
7a Gross amount from sales of assets other than inventory other than inventory other than inventory 7a 7a (i) Other 7a Gross and the than inventory other than inventory other than inventory other than inventory 7a 7a 1 7b 7a 7a 7a 1 1 7b 7a 0 0 0 0 7b 7a 0 0 0 0 7b 7a 0 0 0 0 7c 0 0 0 0 0 7b 7b 7b 0 0 0 7c 0 0 0 0 0 0 7c 0 0 0 0 0 0 0 7c 10/2 10/2 10/2 0 0 0 0 0 0 7c 10/2						0					
and sales of assets other than inventory 7a 7a b Less: cost or other basis and sales sequences 7b 7c 0 0 c Gain or (loss) 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . </th <th></th> <th></th> <th>I I I I I I I I I I I I I I I I I I I</th> <th>r (Ios</th> <th>1</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>			I I I I I I I I I I I I I I I I I I I	r (Ios	1						
Page of the than inventory b Ta Ta b Less: cost or other basis and sales expenses . Tb To 0 0 c Gain or (loss) . To 0 0 0 0 d Net gain or (loss) . To 0 0 0 0 8a Gross income from fundraising events (not including \$. 0 0 0 0 of contributions reported on line to: . See Part IV, line 18 8a 8a . . g Gross income from gaming activities. See Part IV, line 19 9a 9a Gross income or (loss) from gaming activities 9b 10a Gross sales of inventory, less returns and allowances 10a . . . 10a Gross form cor (loss) from sales of inventory		7a			(I) Securi	les	(II) Other				
Bit Less: cost or other basis and sales expenses				-							
and sales expenses 7b c Gain or (loss) 7c 0 0 d Net gain or (loss) 7c 0 0 0 and sales expenses 7c 0 0 0 0 d Net gain or (loss) .			-	<i>/</i> a							
a Net gain or (loss)	an	D									
a Net gain or (loss)	ver		-								
a Net gain or (loss)	Be		, <i>,</i>	/C		0	0				
of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a ga ga 9a b Less: direct expenses 9b b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 c Net income or (loss) from gaming activities 0 c Net income or (loss) from gaming activities 0 total (Rores sales of inventory, less returns and allowances 10a 0 c Net income or (loss) from sales of inventory 0 0 total revenue Eusiness Code 0 0 d All other revenue 0 0 0	<u> </u>			•••		· · ·					
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b Less: direct expenses 9b		9a									
c Net income or (loss) from gaming activities											
10a Gross sales of inventory, less returns and allowances			-								
returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory . some or goods Image: Stress Code Image: Stress Code 11a Business Code Image: Stress Code b Image: Stress Code Image: Stress Code b Image: Stress Code Image: Stress Code c Image: Stress Code Image: Stress Code c Image: Stress Code Image: Stress Code c Image: Stress Code Image: Stress Code d All other revenue Image: Stress Code Image: Stress Code e Total. Add lines 11a-11d Image: Stress Code Image: Stress Code 12 Total revenue. See instructions Image: Stress Code Image: Stress Code							es				
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c Net income or (loss) from sales of inventory Business Code Business Code b b c d All other revenue 0 t Total revenue. See instructions 459,403 18 0 0											
Signed			•								
11a Image: set of the set of th		C	ivet income or (loss)	iron	I Sales of In	ivento	-				
Image: Total revenue. See instructions Image:	sne						Business Code				
Image: Total revenue. See instructions Image:	neo ue	-									
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Image: Total revenue. See instructions Image:	Sev Cel	_									
Image: Total revenue. See instructions Image:	Alis										
	2	-						-			
		12	I otal revenue. See	Instr	uctions			459,403	18	0	0 Eorm 990 (2023)

	X Statement of Functional Expenses 501(c)(3) and 501(c)(4) organizations must compl	ata all columno All	other organizations	must complete colur	nn (Δ)
Section					
Do ==+	Check if Schedule O contains a response <i>include amounts reported on lines 6b, 7b,</i>	(A)	(B)	(C)	<u></u> (D)
	and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	E 2 2	E00		
	Grants and other assistance to domestic	522	522		
	individuals. See Part IV, line 22	222 704	222 704		
	Grants and other assistance to foreign	232,704	232,704		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	42,641	42,641		
	Benefits paid to or for members	42,041	42,041		
	Compensation of current officers, directors,	0	0		
	trustees, and key employees	30,000	15,000	15,000	
	Compensation not included above to disqualified	30,000	13,000	13,000	,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0	0	0	
	Other salaries and wages	42,962	35,762	7,200	
	Pension plan accruals and contributions (include	72,702	35,702	7,200	
	section 401(k) and 403(b) employer contributions)	0	0	0	
	Other employee benefits	0	0	0	
	Payroll taxes	551	1	550	
	Fees for services (nonemployees):	551			
	Management	0		0	
		0	0	0	
		0	0	0	
		0	0	0	
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0	0	0	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	0	0	0	
12	Advertising and promotion	0	0	0	
	Office expenses	45,020	43,913	1,107	
	Information technology	4,752	3,374	1,378	
	Royalties	0	0	0	
	Occupancy	0	0	0	
	Travel	13,159	13,159	0	
	Payments of travel or entertainment expenses				
1	for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	0	0	0	
	Interest	0	0	0	
	Payments to affiliates	0	0	0	
	Depreciation, depletion, and amortization .	0	0	0	
		8,993	3,916	5,077	
	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					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	421,304	390,992	30,312	
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)				

Form 990 (2023)

	n 990 (20	•			Page 11
Ρ	art X		- V		
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		
	1	Cash-non-interest-bearing	120,861	1	174,427
	2	Savings and temporary cash investments	50,551	2	35,068
	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
ß	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
¥	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	0	10c	
	11	Investments—publicly traded securities	0		
	12	Investments – other securities. See Part IV, line 11	0		0
	13	Investments – program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	171,412	16	209,495
	17	Accounts payable and accrued expenses	1,754	17	1,726
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	0	24	0
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	1,754	26	1,726
seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions		27	
Ва	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds	0	29	0
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
SS	31	Retained earnings, endowment, accumulated income, or other funds .	169,658		207,769
Net Assets or	32	Total net assets or fund balances	169,658		207,769
Ž	33	Total liabilities and net assets/fund balances	171,412		209,495

Form **990** (2023)

Form 99	90 (2023)				Pa	ige 12
Par	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			45	9,403
2	Total expenses (must equal Part IX, column (A), line 25)	2			42	1,304
3	Revenue less expenses. Subtract line 2 from line 1	3			3	8,099
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			16	9,658
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				12
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			20	7,769
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					
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiain	on			
-						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npilec	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		~
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	na			
	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 ov the audit, review, or compilation of its financial statements and selection of an independent account					
				2c		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiain	on			
0.5		مالم	44-0			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					
Ŀ				Ba		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		
	required addit of addits, explain why on obligation of and describe any steps taken to undergo such	auuns	· •	a		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

20-0593285

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Department of the Treasury
Internal Revenue Service

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.

mpt charitable trust.					
	Open to Public				
ion.	Inspection				
Employer identification number					

Name of the organization

GLOBAL OUTREACH FOUNDATION	

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2
- 3 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 4 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 5 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). 6
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 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, С 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 II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - Enter the number of supported organizations f
 - Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes	No					
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 14 15 15 % 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check h 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported \square b 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

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			,					
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")	486,433	582,310	605,303	551,777	459,385	2,685,208		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	486,433	582,310	605,303	551,777	459,385	2,685,208		
7a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons .								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from								
Ū	line 6.)						2,685,208		
Secti	on B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
9	Amounts from line 6	486,433	582,310	605,303	551,777	459,385	2,685,208		
10a									
	payments received on securities loans, rents, royalties, and income from similar sources								
b									
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
с	Add lines 10a and 10b								
11	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								
12	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)	486,433	582,310	605,303	551,777	459,385	2,685,208		
14	First 5 years. If the Form 990 is for the	•			-				
<u></u>	organization, check this box and stop he						· · · []		
	on C. Computation of Public Suppor Public support percentage for 2023 (line 8	•				15	100 %		
15 16	Public support percentage for 2023 (line a Public support percentage from 2022 Sch					15	<u> 100 %</u> 100 %		
	on D. Computation of Investment In			<u></u>		10	100 70		
17	Investment income percentage for 2023 (y line 13, colu	mn (f))	17	0 %		
18	Investment income percentage from 2022 Schedule A, Part III, line 17								
19a	331/3% support tests-2023. If the organ	ization did not	check the box	on line 14, an	id line 15 is m		6, and line		
	17 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly supported organization								
b	331 /3% support tests – 2022. If the organiz								
	line 18 is not more than 33 ¹ / ₃ %, check this l	-	•	•		•••••			
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, c	heck this box				
						Schedule A	(Form 990) 2023		

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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а 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.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V 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			ions A through E.
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-function	allv i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	1		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	inizations 3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-	•	<i>VI</i>) 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.			
9	Distributable amount for 2023 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) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

Part VISupplemental 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 10		OMB No. 1545-00	
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.		Open to Public Inspection	
Name of the organization		Employ	er identification nun	nber
GLOBAL OUTREACH	FOUNDATION	1	20-0593285	
	Information on Activities Outside the United States. Complete if the organ, Part IV, line 14b.	inizatior	n answered "Ye	s" on
other assistan	ers. Does the organization maintain records to substantiate the amount of its grace, the grantees' eligibility for the grants or assistance, and the selection criteria	used t	0] No

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	South Asia	0	3	Program Services	Education, Evangelism, Hur	14,803
(2)	East Asia and the Pacific	0	2	Program Services	Evangelism, Missionary Su	6,481
(3)	Sub-Saharan Africa	0	3	Program Services	Education, Evangelism, Inte	21,357
(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	8			42,641

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 3	exempt 501(c)(3) organization	h by the IRS, or for	sted above that are which the grantee or ities .	counsel has provid	ed a section 501(c)(3	B) equivalency letter		

Schedule F (Form 990) 2023

Page **2**

(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) Evangelism materials, human tr	East Asia and the Pacific	200	5,781	Wire Transfer	0		
(2) Missionary Support	East Asia and the Pacific	1	700	Wire Transfer	0		
(3) Education Support, Classroom	South Asia	45	13,755	Wire Transfer	0		
(4) Evangelism Support, Human Tr	South Asia	500	1,048	Wire Transfer			
(5) Education Support	Sub-Saharan Africa	350	1,198	Wire Transfer	0		
(6) Refugee support	Sub-Saharan Africa	100	1,950	Wire Transfer	0		
(7) Evangelism, Humanitarian supp	Sub-Saharan Africa	3000	18,208	Wire Transfer	0		
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Page **3**

Schedule F (Form 990) 2023

hedı	Ile F (Form 990) 2023		Page 4
art	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	☐ Yes	🖌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	☐ Yes	ビ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	✓ No

Did the organization have any operations in or related to any boycotting countries during the tax year? If 6 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990) Yes 🖌 No

Schedule F (Form 990) 2023

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 FUNDSAll foreign recipients are selected and overseen by an approved Global Outreach Foundation (GOF) 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 and before any additional funds are sent. Any					
expenses not in accordance with the guidelines and/or disapproved by the missionary must be reimbursed immediately and could result in					
grant termination and disqualification for future funding.					

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
	Attach to Form 990.



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GLOBAL OUTREACH FOUNDATION

20-0593285

]	Part	I General Information on Grants and Assistance	
	1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants	s or

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	🗌 No
Describe in Part IV the exception's presedures for monitoring the use of grant funds in the United States		

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

2 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section		vernment organiza		line 1 table			·

3 Enter total number of other organizations listed in the line 1 table

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

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 recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1 Missionary Support	6	227,271	0				
2 Ministry Supplies	2	5,433					
3							
4							
5							
6							
7							
Part IV Supplemental Information. Provide	the information	required in Part I, line	e 2; Part III, columr	(b); and any other addit	ional information.		
Schedule I, Part I, Line 2 - MONITORING USE OF GRAN	FUNDS Recipier	ts must submit periodic	c reports of activities a	nd accomplishments. Recipi	ients receiving greater than \$600		
receive a Form 1099 reporting total grant amounts and a	are responsible to re	eport living and ministry	costs on their persor	al taxes per IRS regulations.	Funds not used according to grant		
purposes must be reimbursed immediately and may res	ult in disciplinary a	ction or termination.					

Schedule I (Form 990) 2023

SCHEDULE	0
(Form 990)	

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.



Employer identification number

20-0593285

Department of the Treasury Internal Revenue Service Name of the organization

GLOBAL OUTREACH FOUNDATION

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 -- Once 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 of interest 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

Cat. No. 51056K