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Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2009 Open to Public

inter	nal Revenue Se	rvice	► The organiza	tion may have to i	use a copy of	of this return to sa	atisty state	reporting requ	rements.	Inspection
Α	For the 2009 o	alenda/ye	ar, or tax year beginning		, and	d ending			_	
	Check if applicable Please C Name of organization								D Emplo	oyer identification number
	Address change	use IRS	-	LOBAL CONN	ECTIONS	1			1	•
	•	label or	Doing Business As						7 20-	8241793
	Name change	print or type	Number and street (or P O b	ox if mail is not delivered	to street address			Room/suite		none number
	Initial return	See	P. O. BOX 96		10 38 001 000100	~,		1		2-328-4931
	Termination	Specific	G Gross rece							
		Instruc-	City or town, state or cou	only, and zir + 4	MS 3	9705			G Glassieus	:1053 321,301
	Amended return	tions.			1115 5	3703		·····	LL(a) le this	a arousturn for
	Application pending		and address of principal offi LEN B. PUCKE							a group return for
		L	BOX 9630	11 111					affiliate H(b) Are all	affiliates
					MS 39	705			ınclude	
	<del></del>		LUMBUS					· <del>-</del>	- H -No,	* attach a list (see instructions)
	Tax-exempt stat				947(a)(1) or	527		·	┥	
			LOBALCONNEC			<del>3</del>		<del></del>		exemption number
	Type of organizatio			ociation Other	<u> </u>			Year of formation	2006	M State of legal domicile MS
		ummar								
	_		e organization's mission	or most significar	it activities					
o.	SEE	SCHEE	ULE O							
and	ľ									
Ë	1		• •							
Š	2 Check t	his box 🕨	6 of its net asse	ts						
ජ	3 Numbe	r of voting	members of the governi	ng body (Part VI, I	ıne 1a)				3	5
es	4 Numbe	r of indepe	ndent voting members o	of the governing bo	ody (Part VI	, line 1b)			4	0
Activities & Governance	5 Total nu	ımber of e	mployees (Part V, line 2	∍)					5	7
\ct	6 Total nu	mber of v	olunteers (estimate if ne		6	30				
•	7a Total gr	oss unrela	7a							
			iness taxable income fro			_			7b	0
							<del></del>	Prior Y		Current Year
C 2 1 2010	8 Contrib	utions and	grants (Part VIII, line 1h	)					10,205	518,048
<b>—</b> 100	9 Progran	n service i	evenue (Part VIII, line 20							
<b>≈</b> 8	10 investm	ent incom	e (Part VIII, column (A),	179	3,453					
ഗജ	11 Other re	evenue (P	art VIII, column (A), lines							
DE	12 Total re	venue – a	dd lines 8 through 11 (m	10,384	521,501					
	B.		amounts paid (Part IX,	26,555	158,863					
SCANNED Expenses	14 Benefits	s paid to o								
Z,	15 Salanes	s, other co	mpensation, employee b	enefits (Part IX, c	olumn (🗚	thes SALDOY Z Z	7010	so-s		90,478
Z š	16a Profess	ional fund	raising fees (Part IX, colu	ımn (A), line 11e)	1	<u> </u>		同民		
Øã.	b Total fu		expenses (Part IX, colum			OGDE	Q UT			
OΩ	17 Other e		Part IX, column (A), lines		f)	- 0000	<u> </u>	1	17,336	122,661
	1		dd lines 1317 (must eq			25)		4	13,891	372,002
	I	-	enses Subtract line 18 f		, ,,	,			-3,507	149,499
200								Beginning of C		End of Year
t Assets or d Balances	20 Total as	sets (Parl	X, line 16)					12	24,976	274,496
A Pa	21 Total lia	bilities (Pa	ırt X, line 26)							1,224
25	22 Net ass	ets or fund	balances. Subtract line	21 from line 20				12	24,976	273,272
P	art II S	ignatur	e Block							
	Ū	nder penalt	es of perjury, I declare that I	have examined this	return, includ	ing accompanying s	schedules a	nd statements, an	d to the best of	f my knowledge
	а	nd belief, it	s true, confect, and complete	Declaration of prep	parer (other th	nan officer) is based	l on all infor	mation of which pr	eparer has any	/ knowledge
Sig	ın h		Allen Pe	che H					11	/15/10
He		Signatui	e of offices	. //		. /			Date	
			Allen Ale	kett.	Pres	ident				
		Type or	print name and title							
			\				Date	Chec	cif	Preparer's identifying number
Pai	141	reparer's gnature	MICHAEL KER	RY				self-	oyed ▶ 🔲	(see instructions) P00028938
Pre	eparer's		THOMA		& BRO	wn	/_	-/ - of empire		CA OFOFOCA
Us	~ ~ III	ırm's name	or yours	ILITARY I			1404			01 0000001
		self-employ ddress, and		BUS, MS	39703			• •	Phone	662-328-4140
							<del></del>	· · · · · · · · · · · · · · · · · · ·	no 🕨	——————————————————————————————————————
			urn with the preparer sho work Reduction Act No					·		Yes No Form <b>990</b> (2009)
DAA		mu Paper	WOLK LEGINGHOU ACT NO	nice, see the sep	יפופול ווואנוי	activii3.				rom 330 (2009)

Form 990 (2009	GLOBAL	CONNECT	IONS		20-8241793	3		Page
Part III			Service Accomplishme	ents				
1 Bnefly de	scribe the organ	nization's mission		-				
SEE SC	HEDULE (	)						
			<del></del>				· · · · · · · · · · · · · · · · · · ·	
			ant program services during	the year which v	vere not listed on		□ <b>v</b>	▼
•	Form 990 or 990		shadula O				Yes	X No
		ew services on S	chedule O. make significant changes in h	now it conducts	any program			
services?	_	se conducting, or	make significant changes in t	iow it correducts,	any program		Yes	X No
		hanges on Sched	lule O					
			ts for each of the organization	n's three largest	program services by e	xpenses		
Section 5	01(c)(3) and 50	1(c)(4) organization	ons and section 4947(a)(1) tri	usts are required	d to report the amount	of grants and		
allocation	s to others, the	total expenses, a	nd revenue, if any, for each p	rogram service	reported.			
INCLUD PROGRA SCHOOL PROGRA EDUCAT RELATI MRS. F	M WHICH FOR A TOM M, WHICH TON IN IT ONSHIP AT DIXON I AND DIX	VES AND OFED 36 OFED 3	TRE (LCC) RELCCOKING EQUIPME CHILDREN FOR TWANTED A SUSTAINES MONTHLY FIN READING AND WRITTHE CHILDREN.  PED MANY CHILLCON SHE BRINGS TO	ENT. DE VO WEEKS INABLE M VANCIAL ITING, A OREN WIT	VELOPED THE , SENT 37 C ODEL OF SUP SUPPORT AND ND ENHANCES H HER COMPA HILDREN IN	CHRISTMAS ( HILDREN TO ) PORT, THE GO FACILITATES THE  SSION, SUPPO	GIFT PRIMARY DOPAREN S BETTE  ORT,	T
BUILDI THEM T AND EX OPPRES VOLUNT	RPOSE OF THE PROPERTY OF THE P	UNTERS FO ALONGSIDE E FIRST E KENYA. I	53,350 including RVICE TRIP MISS OR SHORT-TERM A E SOME OF THE N HAND SOME OF THE TT ALSO ENCOURA FIRONMENTAL EDU HTING).	SION IS TAND MID- MOST MAR ME PROBLA MGES ENV	TERM VOLUNT GINALIZED P EMS OF POVE IRONMENTAL	EERS , ENAB) EOPLE OF KEN RTY AND RESPONSIBIL:	LING NYA LTY OF	LL
GLOBAI WITH A MOSAIC	CONNECTION HOUSE	TIONS AGE RATIVE IS IS A HOST	32,795 including PUBLIC, PRAGUE: REED TO PARTNER SUES AS THEY REL/HOTEL BUILT SERVE EUROPE	R WITH TOPREPARE OF UPON A	HIS MINISTR TO MINISTER CHRIST-CEN	IN PRAGUE.	THE	ST
	•	(Describe in Sche	•	44 -	00			
(Expense		11,580	including grants of \$	11,5	80 ) (Revenue \$			
4e lotal pro	gram service e	expenses 🟲	347,339				ro 0	90 (2000

Form 990 (2009) GLOBAL CONNECTIONS

Part IV Checklist of Required Schedules

	att 14 Checkist of Required Ochedules		Tv	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	T
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
_	candidates for public office? If "Yes," complete Schedule C, Part I	3	1	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
·	Schedule C, Part II	4	1	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ŀ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<b> </b>	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	╁	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	╁	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		<b>.</b>	
	VII, VIII, IX, or X as applicable	11	X	<del>                                     </del>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	<ul> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more</li> <li>of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> </ul>			
	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.			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes	No	T	T
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Х		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	}	l	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	}		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	+	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	]		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		~
	If "Yes," complete Schedule G, Part III	19	+	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000	<u> </u>

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	}		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1 .		-
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		' İ	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		i	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ı	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		]	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			37
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	1	v
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	34		x
22	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32	ļ	x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	- 1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
••	III, IV, and V, line 1	34	ĺ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
_	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Form 990 (2009) GLOBAL CONNECTIONS

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
		r	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		1	
	gaming (gambling) winnings to prize winners?	1c		X
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 7		•	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		1	v
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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	45		х
	account)?	4a		
b	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
С	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6ь		
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	Ī
а	Did the organization make any taxable distributions under section 4966?	9a 9b		
b 40	Did the organization make a distribution to a donor, donor advisor, or related person?	"	<del></del>	
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
ь 11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_	,,,	

rm 990 (200	9) GLOBAL CO	NNECTIONS	20-8241/93	_
Part VI	Governance, M	anagement, and Disclo	sure For each "Yes" response to lines 2 through 7b below, and b below, describe the circumstances, processes, or changes in	1
	Schedule O. Se			
ection A.	Governing Body	and Management		_
				1.

	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang	62 II	•	
	Schedule O. See instructions.			
ec	tion A. Governing Body and Management			
	·		Yes	No
la	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
В	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
0a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
•	form?	11		X
1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2-	Describe the experience of the protect of interest policy? If "No." go to line 13	12a		X

b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	l		
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ļ		
_	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
•	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	is participation in joint venture distributions of the opposite the op	166	l i	1

	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	. 1	į
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		İ
	with a taxable entity during the year?	16a	 X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		į
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		
	the organization's exempt status with respect to such arrangements?	16b	 
500	ction C Disclosure		

MS

sec	tion C. Di	sciosure				
17	List the state	ec with which	a conv of this	Form 990 is	required to be	filed >

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

igcupOwn website igcupAnother's website igcup X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ► A B PUCKETT IV P O BOX 9630

COLUMBUS

MS 39705

662-328-4931

#### Form 990 (2009) GLOBAL CONNECTIONS

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order. Individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition (		C) k all t	hat a <sub>l</sub>	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ALLEN B. PUCKETT,	III									
PRESIDENT & DIRECTOR	4.00	X		X				0	0	0
WILLIAM R. WALKER	•								_	
VICE PRESIDENT & DIR	2.00	X		X		<u> </u>		0	0	0
ANNA PUCKETT			ľ							
SECRETARY & DIRECTOR	4.00	X		X		_	<u> </u>	0	0	0
LUCY ANNE WALKER									_	
TREASURER & DIRECTOR	8.00	X	<u> </u>	Х			L	0	0	0
A B PUCKETT		Í	1							
EXECUTIVE & DIRECTOR	30.00	X	<u> </u>	X	<u> </u>	L_		0	0	0
						_				
										· <del></del>

Par	1 VII Section A. Officers	Directors, Trus	tees	, Ke	y En	nplo	yees	, and	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average hours per			chec		hat a		(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co a	other mpensa from th rganizat and relat ganizati	ation e ion ied	
				l e			ated							
												-		
					   			ļ. 						
								-						
					<u></u>		ļ				-			
						_								
					<u> </u>			_					<u>-</u> -	
										,				
												<del></del> -		
								ļ						
	Total							<b>&gt;</b>	<u> </u>		<u></u>			
2 	Total number of individuals (increportable compensation from				ose	liste	d abo	ove)	who received more than \$1	00,000 in				
3	Did the organization list any for	rmer officer, direc	tor c	or tru	stee	, key	emp	oloye	ee, or highest compensated		Γ	+		No
4	employee on line 1a? If "Yes," For any individual listed on line	1a, is the sum of	repo	ortab	le co	ompe	ensat	ion a	and other compensation from	n	_	3		X
_	the organization and related or individual									ch	-	4	_	x
5	Did any person listed on line 1a services rendered to the organ	ızatıon? If "Yes,"										5		X
Sec 1	Complete this table for your five	e highest comper	sate	d inc	depe	ndei	nt coi	ntrac	ctors that received more that	n \$100,000 of				
	compensation from the organiz	(A) business address				_			Descrip	(B) tion of services		Com	(C) pensation	ก
							-							
2	Total number of independent c						to th	ose	listed above) who received	<u>.                                    </u>			***********	
DAA	more than \$100,000 in comper	nsation from the o	rgan	ııza <u>tı</u>	on 🕨							Form 5	990 (2	2009)

Form 990 (2009) GLOBAL CONNECTIONS

Pa	t VI	II Statement of Reve	nue			<del></del>		10)	(5)
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
اء، ہ،		P-dd-d	40				revenue		012, 010, 01011
발함		Federated campaigns	1a 1b			1			
무리		Membership dues				1			
E		Fundraising events	1c						
죵		Related organizations	1d						
Sin		Government grants (contributions)	1e			1			
풀힐	Т	All other contributions, gifts, grants, and similar amounts not included above	1f		518,048	1			
풀히	_				310,040	Ī			
age	_	Noncash contributions included in lines 1a-1  Total. Add lines 1a-1f	· ·	,	•	518,048			
Program Service Revenue Contributions, gifts, grants		Total. Add lines 1a-11			Busn. Code				
eun	2a								
Še	b								
3	c								
ē	d								
E	e								
g	f	All other program service reven	ue						
F.	g	Total. Add lines 2a-2f			<b>•</b>				
	3	Investment income (including d	ividend	s, interest	, and				
		other similar amounts)			▶	3,453	3,453		
	4	Income from investment of tax-	exemp	bond pro	ceeds 🕨				
	5	Royalties					· · · · · · · · · · · · · · · · · · ·		
		(ı) Real		(n) P	ersonal	I			<b>‡</b>
	6a	Gross Rents							
	b	Less rental exps							#
	С	Rental inc or (loss)				1			Ī
	d	Net rental income or (loss)			<u> </u>				
	7a	Gross amount from sales of assets (i) Securities	<u> </u>	(11)	Other				
		other than inventory							<b>‡</b>
	ь	Less cost or other				1			<del>-</del>
		basis & sales exps				I			<b>*</b>
	С	Gain or (loss)				1			†
	d	Net gain or (loss)	. 1		<b>•</b>			enni, orași <del>man</del> neni	
ē	8a	_	nts						
ent		(not including \$							
Other Revenue		of contributions reported on line 1c)			į				
ē	_	See Part IV, line 18 Less: direct expenses	a b						
5		Net income or (loss) from fundi	- (	events		Ī			Ī
		Gross income from gaming activities	ı				,		
	Ja	See Part IV, line 19	a						<b>‡</b>
	h	Less direct expenses	b						Ī
		Net income or (loss) from gami	no acti	vities	▶				
		Gross sales of inventory, less				,			
		returns and allowances	а						
	ь	Less cost of goods sold	b						
		Net income or (loss) from sales	of inve	entory	<b>•</b>				
		Miscellaneous Revenue			Busn. Code				
	11a								
	b								
	С								
	đ	All other revenue							ļ
	е	Total. Add lines 11a-11d			▶				
	12	Total Revenue. See instruction	ns		<b></b>	521,501	3,453	0	0

Form 990 (2009)

GLOBAL CONNECTIONS

**Statement of Functional Expenses** Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	•			
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				[
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	158,863	158,863		**************************************
4	Benefits paid to or for members				<u>:                                    </u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	00 470	06 607	2 701	<del></del>
7	Other salaries and wages	90,478	86,697	3,781	<del></del>
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	125		125	
þ	Legal	123		123	
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	· · · · · · · · · · · · · · · · · · ·			
16	Occupancy	44,159	44,159		
17	Travel Payments of travel or entertainment expenses	11/200	==/===		
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20					
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	7,347	7,347		
23	Insurance	948	948		
~~					
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	VOLUNTEER HOUSE EXPENSE	38,478	38,478		
b	AUTO & MAINTENANCE	6,514		6,514	
C	MARKETING	6,090			6,090
d	FUEL	2,787	2,787		
е	MISCELLANEOUS	2,697	2,626	71	
f	All other expenses	13,516			
25	Total functional expenses. Add lines 1 through 24f	372,002	347,339	18,573	6,090
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and			}	
	fundraising solicitation	}	<u> </u>	<u> </u>	L
DAA					Form <b>990</b> (2009)

Form 990 (2009) GLOBAL CONNECTIONS

$\neg$					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing		-	106,293	_1_	234,432
- 1	2	Savings and temporary cash investments		-		2	
	3	Pledges and grants receivable, net		-		3	
١	4	Accounts receivable, net		ļ		4	
l	5	Receivables from current and former officers, directors, tru	ustees, ke	y			
		employees, and highest compensated employees. Comple	ete Part II	of			
		Schedule L		Ļ		5	<del></del>
	6	Receivables from other disqualified persons (as defined un	nder secti	on [			
		4958(f)(1)) and persons described in section 4958(c)(3)(B	) Comple	te		1	
		Part II of Schedule L		_		6	
Assets	7	Notes and loans receivable, net				7	25,181
SS	8	Inventories for sale or use		_		8	
⋖∣	9	Prepaid expenses and deferred charges		}_		9	
	10a	Land, buildings, and equipment cost or					
1		other basis. Complete Part VI of Schedule D	10a	19,000		1	44.000
	ь	Less. accumulated depreciation	10Ь	4,117	18,683		14,883
	11	Investments—publicly traded securities		-		11	
	12	Investments—other securities See Part IV, line 11		<u> </u>	<del></del> -	12	
	13	Investments—program-related See Part IV, line 11		ļ	· · · · · · · · · · · · · · · · · · ·	_13	
-	14	Intangible assets		-		14	
,	15	Other assets See Part IV, line 11		1	104 076	15	074 406
	16	Total assets. Add lines 1 through 15 (must equal line 34)			124,976	-	274,496
	17	Accounts payable and accrued expenses		-		17	1,224
	18	Grants payable		-		18	
i	19	Deferred revenue		}		19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities		}		20	
es	21	Escrow or custodial account liability Complete Part IV of		D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key				
abi		employees, highest compensated employees, and disqua	lified				
<u>:</u>		persons Complete Part II of Schedule L		-		22	
	23	Secured mortgages and notes payable to unrelated third p				23	<del></del>
	24	Unsecured notes and loans payable to unrelated third par	ties	-		24	<del> </del>
	25	Other liabilities Complete Part X of Schedule D		-		25	1 224
	26	Total liabilities. Add lines 17 through 25	₹			26	1,224
es		Organizations that follow SFAS 117, check here ▶	and				
2		complete lines 27 through 29, and lines 33 and 34.					
Balances	27	Unrestricted net assets		-		27	
Ω	28	Temporarily restricted net assets				28	<del></del>
Fund	29	Permanently restricted net assets				29	Marine Marine Committee Co
됴		Organizations that do not follow SFAS 117, check her	re 🕨 🔼				
Net Assets or		and complete lines 30 through 34.				30	
its	30	Capital stock or trust principal, or current funds	£	}		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment		,  -	124,976		273,272
ğ	32	Retained earnings, endowment, accumulated income, or	otner fund	is	124,976		273,272
et	33	Total net assets or fund balances Total liabilities and net assets/fund balances		ļ	124,976		274,496

Form **990** (2009)

orm	1 990 (2009) GLOBAL CONNECTIONS 20-824	1793		Pa	ge 12
Pa	ert XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ht of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain	ıın			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer	e			
	issued on a consolidated basis, separate basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	a		1	
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	e			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

**SCHEDULE A** (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GLOBAL CONNECTIONS

Employer identification number 20-8241793

			GHODHH COMME	CIIONO										
Pa	rt l	Reaso	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ns.			
he o	organ			it is (For lines 1 through 11, che										
1				ciation of churches described in			A)(i).							
2	Ħ		cribed in section 170(b)(1)(A											
3	H			e organization described in secti	on 170(b)	(1)(A)(iii).								
4	H			in conjunction with a hospital de				(A)(iii).	Enter th	e hospit	al's name.			
4				in conjunction with a neopher de-	3011000 111	50000011		,,,,,,,,,,		о поорп	,			
_		city, and state		a college or university owned or	operated	by a gove	mments	d unit de	ecribed	ın				
5	Ш				operateu	by a gove	i i i i i i i i i i i i	n unit uc	SCHECO					
	$\overline{}$		b)(1)(A)(iv). (Complete Part I		470//	- 1/41/41/-								
6				vernmental unit described in sec						t. 1				
7	LJ	An organization	on that normally receives a si	ubstantial part of its support from	a govern	mental un	it or fron	n the gei	nerai pu	DIIC				
	_	described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)										
8		•		<b>70(b)(1)(A)(vi)</b> . (Complete Part II										
9	X			more than 33 1/3 % of its suppo										
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
		acquired by th	ne organization after June 30	, 1975 See section 509(a)(2). (	Complete	Part III.)								
10		An organization	on organized and operated ex	xclusively to test for public safety	See sec	tion 509(a	a)(4).							
11	$\sqcap$			xclusively for the benefit of, to pe				carry ou	t the					
	_			d organizations described in sec						tion				
				e type of supporting organization										
	a Type I b Type II c Type III-Functionally integrated d Type III-Other													
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
-	persons other than foundation managers and other than one or more publicly supported organizations described in section													
	509(a)(1) or section 509(a)(2)													
	509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting													
f			check this box		1,7001,17	po 11, 01 1	, po o	appe	3					
		-		on accepted any gift or contributi	on from a	ny of the							ئــا	
g				on accepted any girt of contributi	on nom a	ly of the								
		following per			<b>4</b> h		d .p. ()					Yes	No	
				ntrols, either alone or together wi	in persons	s describe	u iii (ii)				44-6	163	140	
				the supported organization?							11g(i)		-	
		• •	member of a person describe								11g(ii)		-	
			ontrolled entity of a person de								11g(ni)	L	L	
<u>h</u>		Provide the f	ollowing information about the	e supported organization(s)	<del></del>		<u> </u>		<del></del>					
(ı)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify	(vi) organizat	s the	(vii) Am			
	org	janization	Ì	(described on lines 1–9 above or IRC section		sted in your document?		of your		zed in the	supp	ort		
				(see instructions))	gog		sup	port?	l u	S?				
					Yes	No	Yes	No	Yes	No				
								<b>[</b>						
					<u> </u>									
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		<u> </u>		<u></u>	<del> </del>	-			1		<del></del>			
Tota	d		<u> </u>	1	I									

20-8241793 GLOBAL CONNECTIONS Page 2 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on rts behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Section B. Total Support (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five 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 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. 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 IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		175,960	367,173	40,205	518,048	1,101,386
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					3,453	3,453
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<del></del>
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		175,960	367,173	40,205	521,501	1,104,839
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		108,000	110,189	25,000	62,357	305,546
p	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	1	ŀ			ľ	
	exceed the greater of \$5,000 or 1% of the			•			
	amount on line 13 for the year						
¢	Add lines 7a and 7b		108,000	110,189	25,000	62,357	305,546
8	Public support (Subtract line 7c from line 6.)						799,293
	etion B. Total Support	1 1 2005		( ) 2007	/ N 0000	4 ) 0000	
	lendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,	<del></del>	175,960	367,173	40,205	521,501	1,104,839
IVa	payments received on securities loans, rents, royalties and income from similar sources			2,022	179	3,023	5,224
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			2,022	179	3,023	5,224
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	L	175,960	369,195	40,384	524,524	1,110,063
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, fourth	, or fifth tax year as	a section 501(c)(3	3)	<b>▶</b> X
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (f	))		15	<u>%</u>
16_	Public support percentage from 2008 Schee			<del></del>		16	%_
	tion D. Computation of Investme					<del></del>	
17	Investment income percentage for 2009 (lin			lumn (f))		17	
18	Investment income percentage from 2008 S					18	%_
19a	33 1/3 % support tests—2009. If the organ						▶ □
ь	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	•	-	•	• •		▶ □
~	line 18 is not more than 33 1/3 %, check thi			•		· ·	▶ □
<u> 20</u>	Private foundation. If the organization did	•	-	•			▶□

Schedule A (Form 990 or 990-EZ) 2009 GLOBAL CONNECTIONS

20-8241793

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number Name of the organization 20-8241793 GLOBAL CONNECTIONS Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continuous Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):	ued)												
collection items (check all that apply)													
Delta subbase													
Public exhibition d Loan or exchange programs													
b Scholarly research e Other	Scholarly research e Other												
c Preservation for future generations													
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV													
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	es No												
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part													
IV, line 9, or reported an amount on Form 990, Part X, line 21.													
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not													
	es 🗌 No												
b If "Yes," explain the arrangement in Part XIV and complete the following table:	L.												
Amour	t												
c Beginning balance	<del></del>												
d Additions during the year													
e Distributions during the year													
	<del></del>												
5 000 P 144 040	П.												
•	es 📙 No												
b If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.													
	r years back												
	years back												
1a Beginning of year balance	······												
b Contributions													
c Net investment earnings, gains,													
and losses	********												
d Grants or scholarships													
e Other expenditures for facilities													
and programs													
f Administrative expenses													
g End of year balance													
2 Provide the estimated percentage of the year end balance held as													
a Board designated or quasi-endowment ▶ %													
b Permanent endowment • %													
c Term endowment ▶ %													
3a Are there endowment funds not in the possession of the organization that are held and administered for the													
organization by	Yes No												
(i) unrelated organizations 3a(i)													
(ii) related organizations 3a(ii)													
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?													
4 Describe in Part XIV the intended uses of the organization's endowment funds													
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.													
Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book	value												
(investment) basis (other) depreciation													
1a Land													
b Buildings													
c Leasehold improvements	<del></del>												
d Equipment													
	14,883												
	14,883												

► 14,883 Schedule D (Form 990) 2009

GLOBALCO990 Pg 23			
Schedule D (Form 990) 2009 GLOBAL CONNECTIONS		20-8241793	Page 3
Part VII Investments—Other Securities. See Form 990,	Part X, line 12.		
(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
inancial derivatives			
Closely-held equity interests			
Other			
		<u> </u>	
			<u>.</u>
	<del></del>		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	D-+ V line 40		
Part VIII Investments—Program Related. See Form 990		(a) Mathad of a	
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			<u></u>
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
	<del></del>		
			<del></del> -
		<del></del>	······································
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 25			
1 (a) Description of liability	(b) Amount		
Federal income taxes			
	-		
		<u> </u>	
		i .	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

 $\blacktriangleright$ 

Sche	dule D (Form 990) 2009 GLOBAL CONNECTIONS	20-8241/3		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990	to Audited Financial Statem	ents	·
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	521,501
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	372,002
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	149,499
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	<u></u>
6	Investment expenses		6	
7	Prior period adjustments		7	-4,420
8	Other (Describe in Part XIV)		8	3,217
9	Total adjustments (net). Add lines 4 through 8		9	-1,203
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	148,296
	art XII Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per Ret	1	F01 1 F1
1	Total revenue, gains, and other support per audited financial statements		1	521,171
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
a	Net unrealized gains on investments	2a	-	
b	Donated services and use of facilities	2b	-	
		2c		
d	Other (Describe in Part XIV )	2d	-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	) (	3	521,171
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIV )	4b 330	1	
С	Add lines 4a and 4b		4c	330
5			5	521,501
Pa	art XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses per R	eturi	
1	Total expenses and losses per audited financial statements		1	372,875
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b 4,420		
C	Other losses	2c		
d	Other (Describe in Part XIV )	2d		
е	Add lines 2a through 2d		2e	4,420
3	Subtract line 2e from line 1	) (	3	368,455
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b 3,547		
C	Add lines 4a and 4b		4c	3,547
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	372,002
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li			
nd 2	2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lii	nes 2d and 4b Also complete		
-	part to provide any additional information			
_P/	ART XI, LIME_8RECONCILATION_OF CHANGES	- OTHER		
P	RIOR YEAR ADJUSTMENTS	\$		-330
	<u>-</u>			
ַם_	OOK / TAX DEPRECIATION_DIFFERENCE			3, <u>547</u>
				. – – – – –
_ P.	ART XII,_LINE 4BREVENUE_AMOUNTS_INCLUDE	<u>D ON RETURN - OTHE</u>	ER _	
P	RIOR YEAR ADJUSTMENTS	\$		330
		<del></del>		
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Schedule F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

GLOBAL CONNECTIONS

Employer identification number

20-8241793 General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 Yes No the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the **United States** Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (f) Total (e) If activity listed in (d) is (a) Region (b) Number of (c) Number of (d) Activities conducted in region (by type) (i e , a program service, expenditures for offices in the employees or describe specific type of region fundraising, program services, region agents in region grants to recipients located in service(s) in region the region)

**Totals** 

Schedule F (Form 990) 2009

Part II

GLOBAL CONNECTIONS

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

20-8241793

Page 2

appraisal, other) (book, FMV, (i) Method of valuation (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of disbursement CHECKS CHECKS CHECKS CHECKS CHECKS CHECKS CHECKS 11,580 26,945 11,369 12,000 10,314 58,194 13,014 (e) Amount of cash grant CARE & EDUCATE ORPHA MINISTRY SUPPORT MINISTRY SUPPORT MINISTRY SUPPORT MINISTRY SUPPORT HIGH SCHOOL EDU (d) Purpose of Use Schedule F-1 (Form 990) if additional space is needed. RESETTLEMENT SOUTH AMERICA (c) Region PRAGUE KENYA KENYA KENYA KENYA KENYA (b) IRS code section and EIN (if applicable) (a) Name of organization

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2009

Page 3	art IV, line 16.	(h) Method of, valuation (book, FMV,	in the state of th									Schedule F (Form 990) 2009
	"Yes" to Form 990, Pa	(g) Description of non-cash assistance										Schedule
	nization answered	(f) Amount of non-cash assistance										
20-8241793	Complete if the orgar	(e) Manner of cash disbursement										
2	he United States.	(d) Amount of cash grant										
ONS	viduals Outside ti tional space is ne	(c) Number of recipients										
GLOBAL CONNECTIONS	<b>istance to Indi</b> rm 990) if addi	(b) Region										
Ē.	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance										

20-8241793

Page 4

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O (Form 990) Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

GLOBAL CONNECTIONS

Employer identification number 20-8241793

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

PART III LINE 1: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TO PROVIDE A MEANS THROUGH WHICH AID MAY BE GIVEN TO THOSE

IN NEED, PARTICULARLY PEOPLE IN THIRD WORLD COUNTRIES. GLOBAL CONNECTIONS

ADDRESSES SOCIAL INJUSTICE THROUGH SUSTAINABLE HUMANITARIAN AID TO THE

ORPHAN, WIDOW, POOR AND OPPRESSED WHILE PROVIDING OPPORTUNITIES TO SERVE

AND LEARN FORM THE WORLD'S MARGINALIZED PEOPLE.

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT
FEEDING PROGRAM. MRS. DIXON IS A BRITISH NATIVE OF KENYA.

GLOBAL CONNECTIONS HAS LEASED A TEN ACRE COMPOUND FOR USE AS A FARM. THE FARM IS SET UP FOR VEGETABLES, WITH CHICKEN HOUSES, CALF OR HOG PARLORS, AND OTHER CROPS WITH IRRIGATION. BESIDES PROVIDING FOOD TO THE LIMURU CHILDREN'S CENTER, THE GOAL IS TO PROVIDE JOBS FOR THE LOCAL COMMUNITY. THE FOOD PRODUCED BY THE FARM WILL PROVIDE SOME OF THE FOOD NEEDS FOR THE LCC AND THE REMAINDER IS SOLD TO A LARGE CONFERENCE CENTER IN THE AREA.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

GLOBAL CONNECTIONS HAS AGREED TO TEMPORARILY ASSIST THIS NEW ORGANIZATION

WITH ADMINISTRATION AND CONSULTING AS THEY ESTABLISH THEMSELVES TO SERVE

THE PEOPLE OF LATIN AMERICA. THIS NEW ORGANIZATION SET UP BY MICHAEL

JOHNSON OF COLUMBUS, NORTH CAROLINA INTENDS TO SERVE ALL THE PEOPLE OF

LATIN AMERICA, BUT INITIALLY ECUADOR.

Employer identification number 20-8241793

IMAGINE DESIRES TO BEGIN TO RESHAPE THE IDEA FO THE GOSPEL IN THE MINDS OF LATIN AMERICAS TO WHAT JESUS EXEMPLIFIED THROUGH LOVE AND SERVICE. THEY INTEND TO FOCUS ON BUILDING RELATIONSHIPS THROUGH SERVICE AND HUMANITARIAN PROJECTS IN ORDER TO EXEMPLIFY LIVING OUT THE GOSPEL.

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

ALLEN B PUCKETT III

ANNA PUCKETT

PRESIDENT

**SECRETARY** 

HUSBAND/WIFE

ALLEN B PUCKETT III

LUCY ANNE WALKER

PRESIDENT

TREASURER

BROTHER/SISTER

ALLEN B PUCKETT III

A.B. PUCKETT

PRESIDENT

DIRECTOR

FATHER/SON

LUCY ANNE WALKER

WILLIAM R WALKER

TREASURER

DIRECTOR

WIFE/HUSBAND

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
GLOBAL CONNECTIONS	20-8241793

NO DOCUMENTS AVAILABLE TO THE PUBLIC

4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

➤ Attach to your tax return.

Attachment Sequence No

Identifying number

20-8241793 GLOBAL CONNECTIONS Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part 1 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 7,347 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Month and year (c) Basis for depreciation (d) Recover (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in period only-see instructions) service 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs 27 5 yrs S/I ММ Residential rental property 27 5 yrs ММ MM 39 yrs S/I Nonresidential real property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/t 12 yrs SA 12-year S/L 40-year 40 vrs. MM Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 7,347 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Forms	•
990,/	990-PF

# Other Notes and Loans Receivable

, and ending

2009

Name

For calendar year 2009, or tax year beginning

Employer Identification Number

GLOBAL CONNECTIONS					20-8241793		
		•			•		
FORM 9	90, PART X	, LINE / - A	DDITIONA	L INFORMATION	<u> </u>		
	Name	of borrower			Relationship to disqualified person		
(1) LOAN	RECEIVABL						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
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Oi	Original amount Date of loan		Maturity date	R	Repayment terms		
(1)							
(2)							
(3)							
(4)					<del></del>	••	
(5)					· · · · · · · · · · · · · · · · · · ·		
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(9)							
(10)	<del></del>	]			<del></del>	<u> </u>	
	Socuety pr	rovided by borrower			Purpose of loan		
(1)					T dipodo of loan	<del>-</del>	
(1)							
(0)							
445			<del> </del>				
(5)					· · · · · · · · · · · · · · · · · · ·		
(6)	<del></del>	·-·-					
(7)					<u> </u>		
(8)						-	
(9)							
(10)							
X							
Consideration furnished by lender			Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)		
(1)					25,181		
(2)							
(3)							
(4)							
(5)						· _ · _ ·	
(6)							
(7)							
(8)							
(9)							
(10)						<del></del>	
Totals					25,181		