

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

Dep	artment of	f the Treasury nue Service	► The organization may	have to use	a copy of this	return to satis	in, stv state	renortin	a require	ments	Inspect		
A			ndar year, or tax year begin		09/01	, 2010,			08/3		, 20 11		
В		applicable	C Name of organization GLOB				•		- چەسسىد		yer identification i	number	
	Address		Doing Business As								06-1693441		
	Name ch	•	Number and street (or P O box	ıf mail is not del	ivered to street ac	idress)	Room	/suite	E	E Telephone number			
	Initial return 420 S Howes Street B300										970-482-4036		
	Terminat		City or town, state or country,	and ZIP + 4			1			-			
	Amended return Fort Collins, CO 80521 G Gross receipts \$ 1,393,117												
		ion pending	F Name and address of princip	oal officer Da	vid Shurna			H	a) Isthisa	aroup return		s 🗸 No	
			420 S Howes Street B300, I						b) Are all.	Time 9x		s 🗌 No	
$\overline{}$	Tax-exe	mpt status			◀ (insert no)	4947(a)(1) or	527				ı lıst (see ınstructio		
J	Websit	e: ▶ glol	balexplorers.org				-	ર્સ(c) Ĝroup	exemptioi	n number 🕨		
K	Form of o	organization	✓ Corporation ☐ Trust ☐ A	Association	Other >	LY	ear of for	rmation	2003	M State	of legal domicile	со	
P	art I	Summ	ary				(1 (Th) 1	7				
	1	Briefly de	scribe the organization's	mission or r	nost significa	int activities	Órĝ	anization	n for inte	rnationa	al and domestic		
0		education	n programs and related trav	el for stude	nts and educa	tors of all ba	ckgrou	nds and	abilities				
auc						Ę		~-					
Activities & Governance							V 5.		· • • • • • • • • • • • • • • • • • • •				
Š	1		is box 🕨 🔲 if the organization			277	e than 25	5% of its n	et assets.		•		
<u>ح</u>			of voting members of the o				• •			3		11	
es	4		of independent voting mer			Acres 11	•	b)		4		9	
Ĭ	5		nber of individuals employ		0.4	(Part V, line	e 2a)			5		8	
Act	6	Total number of volunteers (estimate if necessary)										100	
	7a		elated business revenue fr			\sim				7a		0	
	b									_ 7b		0	
	۱ ـ				A COLLEGE				Pnor Year		Current Ye	ar ———	
e	1		ions and grants (Part VIII,						4	18,703		720,037	
Revenue			service revenue (Part VIII,		2.13. : : :				9	21,332		672,380	
ě			nt income (Part VIII, colum							649			
										8,608		0	
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part X, column (A), lines 1–3).							1,3	49,292	1	<u>,393,117</u>	
				N 10 N 1 2 2		•		<u> </u>		2,175		0	
			oald to or for members (Pa	N. 1911						0		0	
Expenses			other compensation, employ nal fundraising fees (Part l			min (A), lines	5-10)	-	197,550			313,358	
e			draising expenses (Part IX			· ·		k **	• , ,	0	, , , ,	<u>0</u>	
X	17	Other eve	penses (Part IX, column (A	Lines (1)	CEIVE		5,786	<i>≫.</i> .∧.		42.242	· · · · · · · · · · · · · · · · · · ·	452.440	
			enses. Add lines 13-17 (r					-		13,342		,153,449	
	19	Revenue	less expenses. Subtract I	DO 18 fm	art iス, coluin lina 1岁 2011		"			13,067 36,225		,466,807	
- S		Tievende	A Dabitact	<u> </u>	1119 14 7 ()-1	<u> </u>	•	Beginnir	ng of Curre		End of Yea	-73,690 er	
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)							88,623		460,094	
Ass	21		litiés (Part X, line 26)	n G	DEN, U					79,109		124,270	
Ę.	22		s or fund balances. Subtra				• •			09,514		335,824	
	ırt II		ure Block			<u> </u>	• •			00,014		000,024	
		ties of perjug	y, I deglare that I have examined	this return, inc	luding accompar	nying schedules	and sta	itements, a	and to the	best of m	y knowledge and	belief, it is	
			ote Declaration of preparer (other								, ,	.,	
			11		- · · · · · · · · · · · · · · · · · · ·					7/12	12012		
Sig	n	Signa	tyre of officer						Date				
He	re	<u>bavi</u>	d Shurna, Executive Direct	or									
_		Туре	or print name and title				1						
Pai	id	Print/Typ	e preparer's name	Preparer	's signature			Date		Check [ıf PTIN		
	epare	r								self-empl			
	e Only		ime 🕨 .			·			Firm's	EIN ▶			
		Firm's ad	···						Phone	по	·		
_			this return with the prepa		•	nstructions)		<u></u>			☐ Ye:		
For	Paperw	ork Reduc	tion Act Notice, see the sep	oarate instru	ctions.		Cat	No 1128	2Y		Form 9	90 (2010)	





Form 99	90 (2010) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Organization for international and domestic education programs and related travel for students and educators of all backgrounds
	and abilities
	•
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?
_	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section
	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 440,356 including grants of \$ (Revenue \$ 0)
	A program of the U.S. Department of State, Bureau of Educational and Cultural Affairs. Youth Programs Division, managed by
	Global Explorers AYLP is a fully-funded cross-cultural exchange program for individual high school students and educators
	<u> </u>
	
4b	(Code:) (Expenses \$ 373,907 including grants of \$ 0) (Revenue \$ 353,257)
	Amazon Through hands-on science explorations, meaningful visits to local communities and time to soak in the beauty and magic
	of the rainforest, participants will have the opportunity to learn about the many characteristics that make this region so unique as well as those that make conservation such a vital on-going challenge here. Preparatory curriculum explores the cultures of the
	Peruvian Amazon, the remarkable biodiversity of this region and the importance and challenges of tropical rainforest conservation.
	recuvant Amazon, the remarkable bloodyersity of this region and the importance and challenges of dopical raminolest conservation.

	R Armi
4c	(Code:) (Expenses \$ 164,323 including grants of \$ 0) (Revenue \$ 177,035)
	Costa Rica students learn field science techniques, delve into cultural studies and work hand-in-hand with Costa Rican students
	on a service project. They study ecotourism and learn about sustainable and fair trade issues. Preparatory curriculum explores
	Costa Rican culture, biodiversity, fair trade and current issues in conservation
4d	Other program services. (Describe in Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 391,834 including grants of \$ 0) (Revenue \$ 142,088)
4e	Total program service expenses ► 1.370,420

Form 99	0 (2010)		ı	Page 3
Part	V Checklist of Required Schedules			_
•*			Yes	No
7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	١.		
^	'	1	1	-
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	-	-
J	candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		<u> </u>
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		,
	Part III	5		1
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			,
	complete Schedule D, Part III	8		✓
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	-3		<u> </u>
	endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		**************************************	. e-
	VII, VIII, IX, or X as applicable.	** K2		تعث
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	.	,	
b	complete Schedule D, Part VI	11a	/	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		./
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		<u> </u>
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	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 inancial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate; independent audited financial statements for the tax year? If "Yes," complete	.	✓	
h	Schedule D, Parts XI, XII, and XIII	12a		
D	the organization answered "No to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	\dashv	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		`
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			<u> </u>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	✓_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓_
	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, Parts III and IV	16		/
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	13		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓_
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		✓_
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)	т-		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
-1	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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) 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	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? If "Yes," complete Schedule L, Part I	25b		√
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		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		✓
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).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	√	→
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		→
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II"	32		✓
33	complete Schedule N, Part II	33		✓
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		✓
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		√
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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? If "Yes," complete Schedule R, Part VI	37		✓
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	1	
		Forr	n 990	(2010)

Form 99			-	Page :
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			_
	Check it Schedule O contains a response to any question in this Part V	• •	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	وُ مِدِ شِي	105	140
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	W. 3. 75	
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	>~	, ,	****, ,
		3 8 3 3	' *.	34. 4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	rister of pulling	ø k	* 3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule @	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			١
	account)?	4a		/
b	If "Yes," enter the name of the foreign country: ▶		3000-E 4	2.4
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Miller St.	** { * * * * * * * * * * * * * * * * *	، هي تقد
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible?	6a	 -	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ch	İ	
-	gifts were not tax deductible?	6b	 	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*/\(\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{	- ÷	
a	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
C	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	7% 7%	** , ,	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- Annaudia and h	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		K	j. :
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	Arna run		a_2
	organization, have excess business holdings at any time during the year?	8	ļ.,-	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			ļ
a	Did the organization make any taxable distributions under section 4966?	9a	-	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	166	100
а	Initiation fees and capital contributions included on Part VIII, line 12	- `∴**	**************************************	24.2
. b	Gross receipts included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(a)(12)(a)(2)(a)(2)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	- '.')	148 T	*.~.·
11	Section 501(c)(12):ofganizations. Enter. Gross income from members or shareholders	ر		12/
a b	Gross income from other sources (Do not net amounts due or paid to other sources	┨Ѷ.	1	
	against amounts due or received from them)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	i an		دم ع الماء دم ع الماء
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	~心. /沈添っ	100	3 1
	Is the organization licensed to issue qualified health plans in more than one state?	13a	Ī	

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

the organization is licensed to issue qualified health plans . . .

14a

13b

13c

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b							
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions.	es III	SCH	eaule				
	Check if Schedule O contains a response to any question in this Part VI			. [7]				
Secti	on A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 11	skrije iši.	,					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9	1. %Q		10000				
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	ilo.	✓				
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		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		√				
6	Does the organization have members or stockholders?	6		✓				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		1				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	\					
b	Each committee with authority to act on behalf of the governing body?	8b	✓					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,				
Cook	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	odo l	✓				
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	ue C	Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		1				
b		1.55		-				
_	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	√					
b								
12a								
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	√					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c						
42	Does the organization have a written whistleblower policy?	13	1	<u> </u>				
13 14	Does the organization have a written document retention and destruction policy?	14	1					
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?			ing one				
а	The organization's CEO, Executive Director, or top management official	15a	√	Silve 3				
b	Other officers or key employees of the organization	15b	√					
	If "Yes" to line 15a.or 15b, describe the process in Schedule O. (See instructions.)	No.	<u>Câ</u>	841				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	180E	أحتث	* ** }2				
	with a taxable entity during the year?	16a		✓				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	40		3.7				
	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	2) Posten	wrid				
Secti	on C. Disclosure	100		<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply)s only	/) ava	ilable				
	☐ Own website ☐ Another's website ☑ Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f inter	est p	olicy,				
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	:					
	organization: ► David Shurna, (970)484-3633							
	420 S Howes Street B300 Fort Collins, CO 80521							

		*	
Form	990	(2010)	

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average	İ		(0	C)	that ap	oly)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer 🚓	Key emplővee	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
Tom Lillig President	1	, Va	V.					О	0	0
David Shurna Vice President	40 🕏		(gr)	1				56,050	0	3,660
Julie Ivker Dubin Secretary/Program Director	25	9/		1				28,350	0	3,660
Megan Nelson Member	12	1						0	0	0
Stan Rullman Member	1	1						0	0	0
Amanda Stronza Member	1	1						0	0	0
Ron Kubit Member	1	1						О	0	0
Nathalie Eddy Member	1	1						o	0	0
Andrea Delorey Member	- 1	1						0	0	0
Matt Kareus Member	1	1						0	0	0
Lou LaRocco Treasurer	1			1				0	0	0

Ę ar	Section A. Officers, Directors, Tru	stees, Key	Empl	oye	es, a	and	High	est	Compensated	Employee	s (contil	nuea)	
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tra	Institutional trustee	Officer	Key employee	that employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensation relate organizat (W-2/1099-	on from	amo of compe fror organ and r	mated unt of ther ensation in the injuration related zations
		}											
										CO.			
		†					,		A:	No.			
				-	-				6	 			
						_							
					_	<u> </u>		N. S.	149 1000				
		<u> </u>			_		Á	1200	المتاب ا				
							2 (A)	,					
					3	7							
					*	Ì							
			0	X)								
		Ç	2 . E	3								***************************************	
		C	9										
1b	Sub-total	· Les			•			>	84,400		0		7,320
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A	•	•		•	▶	84,400		0		7,320
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed	above	e) w		ore than \$) ın	7,020
	reportable compensation from the organi	Zation 0											Yes No
3	Did the organization list any tormer of employee on line 1a? If "Yes," complete to	fficer, direc Schedule J	tor o	r tri uch	uste <i>ındı</i>	e, vidi	key e ual	mp	loyee, or high	est comp	ensated		
4	For any individual listed ordine 1a, is the organization and related organizations individual	sum of rep	portal	ole d	com	pei	nsatio					e 2 %	
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or in	dividua		
Section	on B. Independent Contractors	100, 0	-	-		-			<u> </u>		<u> </u>	5	
1	Complete this table for your five highest compensation from the organization.	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	ed more that	an \$100	0,000 of	
	(A) Name and business add	ress							(B) Description of se	ervices	ļ	(C) Compensa	tion
					-								
2	Total number of independent contractor received more than \$100,000 in compens								ose listed abo	ove) who		v	

Form **990** (2010)

	90 (201	·					Page 9
Part	VIII	Statement of Revenue					
i			e k	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
i			r46	Total revenue	exempt	business	excluded from tax
ļ	,	s a same same same same same same same s	Ž.		function revenue	revenue	under sections 512, 513, or 514
,	1a						1
Contributions, gifts, grants and other similar amounts			0	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	^	9° 0**	1 1 mm 6 mm
e a	b	Membership dues 1b	0	***	,	* &	1
, Ē	C	Fundraising events 1c	0	; · · · · · · · · · · · · · · · · · · ·	,	* *	, ,
ır a	d	Related organizations 1d	307,307	A A	(** * * * * * * * * * * * * * * * * * *	#*	, , ·
o, g	e	•	345,212	30%	Magness	·	1 1 1 1 1 1
Siri	f	All other contributions, gifts, grants,	J7J,2 12	, m1 . §	1400 20	<i>*</i>	* * *
e ţţ	' '			4		*	
Contributions, and other simi		and similar amounts not included above 1f	67,518	, , , ,		, ;	(, ()
d it	g	Noncash contributions included in lines 1a-1f \$	0		100 T	2.1 (·	
g E	h	Total. Add lines 1a-1f	. ▶	720,037	%,	\$ "\$? ·	· · · · · · · · · · · · · · · · · · ·
<u>•</u>		Busines	s Code	." , >	<i>y</i> ,	3 Az . ^	** ** * \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ĕ	20	A		353,257	353,257	n o	n
ě	1	Amazon				,	
æ		Costa Rica		177,035	<u>177,035</u>	0	_0
Š	C	Leading The Way		54,673	54,673	0	0
ě		Southwest		0	0	0	0
Ë	1	Arctic		42,632	42,632	0	0
jra	f	All other program service revenue .		44,783	44,783	0	0
Program Service Revenue	*	•	. •			* * *,	* * * 7
	g	Total. Add lines 2a–2f		672,380	× .300		<u> </u>
	3	Investment income (including dividends, in	terest,	<i>₹</i> ?5	,		
		and other similar amounts)	. •	♦ 700	0	0	700
	4	Income from investment of tax-exempt bond proce	eds 🟲	0 ///	0	0	0
	5	Royalties	. ▶	6 5 O	0	0	0
		(i) Real (ii) Per	sonal		% &		aller e.
	6-				3 %	4.89	. * *
	6a	Gross Rents	- E	,	.a	-30 /m -30 -	* **
	b	Less: rental expenses	(((** ******* ***		ST. St. St. Co.	
	C	Rental income or (loss) 0	<u>^``\\\0</u>		**************************************	<u> </u>	*****
	d	Net rental income or (loss)					_
	7a	Gross amount from sales of (i) Securities (ii) O	ther	۰. ",	W. Apr. 1	Ju - 10	· •
		assets other than inventory		***		٦	
	ь	Less, cost or other basis	.?'	N _{a.}	\$ W		
	"	and sales expenses .		,	4-3	- A Bush of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				Ang.	* * * * * * * * * * * * * * * * * * *	willow with	" -, "
	C	Gain or (loss) .	0	,			* * *
	d	Net gain or (loss)	<u> </u>				
		\nearrow		¥ ×	2 46	* * * * * * * * * * * * * * * * * * * *	* ` ` ` ` /
nue	8a	Gross income from fundraising			. **	**	. "a, #k \$
		events (not including \$, , , ,	. 5 %	Jun 16 - A 12	kr 5 5
ě	ļ	of contributions reported on line 1c).		Kather .	i de di		40.5
~	}			v 1854	N. Alexander	. * . Mar's 19	,
ĕ		See Part IV, line 18		, , ,	*	A Section 1	٠ ١١ ، ١١ ١١ .
Other Reve	b	Less: direct expenses b					
	C	Net income or (loss) from fundraising events	. ▶				
	9a	Gross income from gaming activities.		*2	Section .	Silver and the second	, , ,
		See Part IV line 19 a		1 2 1			1. 11. 15
		Less: direct expenses b		*******		5 ja	, vijo vijo vijo v
	b					_ @x ###################################	
	C	Net income or (loss) from gaming activities					· · · · · · · · · · · · · · · · · · ·
	10a	Gross sales of inventory, less		14. The second	****	- 1 may 3 m	. < ₩**
		returns and allowances a			\$7.48%	The state of the state of	rija i ar sai sai
	b	Less: cost of goods sold . b				" \$ x <	' (
	ြင	Net income or (loss) from sales of inventory .	. ▶	di controlle di mana di controlle di control		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	— <u> </u>	Miscellaneous Revenue Busines	s Code	****		,	
	44=						السنسسيسي
	11a						
	b						
	С			_		<u> </u>	
	d	All other revenue					
	е	Total. Add lines 11a–11d	. ▶	0	** 190 · W 14	Single State of	
	12	Total revenue. See instructions	. ▶	1,393,117	672,380	0	700
				.,000,117	2.2,300		5 000 (2242)

Part IX Statement of Functional Expenses

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),

	7 th other organizations must complete et				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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				Manager and the second
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	91,720	38,128	24,933	28,659
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		7	
7 8	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	201,243	201,243		
9 10	Other employee benefits	20,395	18,176	2 210	·
11 11	Fees for services (non-employees):	20,393	18,176	2,219	0
b c	Legal	19,425	100	4.930	3.649
d	Lobbying	19,423 (7)	1. %	4,530	3,049
e f	Investment management fees	(1) 00 07s	2.205	4 , 1300 G 1918	10 101
g	Other	20,876	2,385		18,491
12	Advertising and promotion	13,237	13,237		
13	Office expenses	17,360	14,993	1,796	571
14	Information technology	4,305	4,305		
15	Royalties	.i}			
16	Occupancy	3,653	2,801	426	426
17	Travel	1,008,220	1,004,274	1,973	1,973
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	8,541	8,541		- -
21 22	Payments to affiliates Depreciation, depletion, and amortization	4,469		4,469	
23	Insurance	37,875	32,801	3,456	1,618
24	Other expenses: Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)		And the second s		
а	Bank Fees	8,289	8,289	0	0
b	Postage & Delvery	7,099	6,301	399	399
c d e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,466,807	1,366,420	44,601	55,786
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

P	art X	Balance Sheet			· · · · · · · · · · · · · · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	172,593	1	189,200
	2	Savings and temporary cash investments	0	_	0
	3	Pledges and grants receivable, net	290,000	3	0
	4	Accounts receivable, net	8,339	-	12,813
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	to a finish the second of the
ş	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	((Y)	7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1 1 2 A	9	
	10a	Land, buildings, and equipment cost or			
	h	other basis Complete Part VI of Schedule D Less: accumulated depreciation 10b 259,580 10a 259,580	2,926	10c	238,457
	р 11	Investments—publicly traded securities	71 2,926	11	238,457
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	14,765		19,624
	16	Total assets. Add lines 1 through 15 (must equal line 34)	488,623		460,094
_	17	Accounts payable and accrued expenses	14,784		27,221
	18	Grants payable		18	,
	19	Deferred revenue	30,325	19	73,049
	20	Tax-exempt bond liabilities	23,122	20	
ç	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			m v sheb v smer
Ë	į	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	34,000	24	24,000
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 1/v through 25 Organizations that follow SFAS 117, check here ▶ ☑ and complete	79,109	26	124,270
ces		lines 27 through 29, and lines 33 and 34.		69000 " " "	
lan	27	Unrestricted net assets	169,514		335,824
Ba	28	Temporarily restricted net assets	240,000		0
Б	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	409,514	33	335,824
	34	Total liabilities and net assets/fund balances	488,623	34	460,094 Form 990 (2010)

Form **990** (2010)

		**	
orm	990	(2010)	

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,393,117
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,466,807
3	Revenue less expenses. Subtract line 2 from line 1	3	-73,690
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	409,514
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	335,824
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		
1	Accounting method used to prepare the Form 990. Cash Accrual Other Other," ex Schedule O.	plaın in	Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a 🗸
b	Were the organization's financial statements audited by an independent accountant?		2b √
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight	
_	of the audit, review, or compilation of its financial statements and selection of tan independent accou		2c
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	54 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Schedule O.	•	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were	
_	issued on a separate basis, consolidated basis, or both:		445
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	* Million on an one of the same
Ja	the Single Audit Act and OMB Circular A-133?.		3a ✓
h	&	ran the	3a V
b	If "Yes," did the organization undergo the required audit of audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b
			Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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. ▶ See separate instructions.

Inspecti

Name	of the organization							Employer id	dentification	number		
	BAL EXPLORERS								06-169			
Pai			rity Status (All orga						nstructio	ns.		
The (☐ A church, con☐ A school desc☐ A hospital or a	vention of churc cribed in section a cooperative ho	ation because it is. (Fo thes, or association of a 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun	churches ch Sched ation des	s describe ule E.) cribed in	ed in sec section 1	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii). <u>,</u>		iii). Enter	the	
	· ·	ne, city, and stat						`W.\\	<u>)</u>			
5	section 170(b)(1)(A)(iv). (Com		_			(;	3)	vernment	al unit de	escrib	ed in
6 7	☐ An organization	on that normally	nment or government receives a substantia)(A)(vi). (Complete Pai	al part of					nit or from	the gen	eral p	ublic
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. So	ions-sul lated bus	bject to d siness ta	certain‴éi xable inc	ceptions come (les	s, and (2) ss sectio	no more	than 33	1/3%	of its
10 11	An organization	on organized arone or more put	d operated exclusively nd operated exclusive olicly supported organ describes the type of	ely for th	ne benefi describe	t of, to p	oerform on 509(a	the funct a)(1) or se	ions of, dection 509	9(a)(2). So	ry ou ee se e	t the
e f	other than for or section 509 If the organiz	his box, I certify andation manage (a)(2)	Type II c that the organization ers and other than on a written determination	is not co ecor more	e publicly	lirectly or supporte	indirectled organ	ly by one izations o	described	ın sectio	ed per in 509	rsons (a)(1)
9	_		he organization acce	pted any	gift or co	ontributio	n from a	any of the	•			
	following pers											
			indirectly controls, eit				persons	describe	d in (ii) an		Yes	No
	• •		odý of the supported				•			11g(i)		
			óñ described in (i) abo a person described in							11g(ii) 11g(iii)		
h										118/11/		
(1)	Name of supported organization					tion in col zed in the		mount o	of P			
			(000,	Yes	No	Yes	No	Yes	No			
(A)	ζ											
(B)												
(C)												
(D)												
(E)												
	-	Markey .	1.4.1.		Ŷ	7, *235 } E - 3		3.00 A) W &			

Part	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked t						
	Part III. If the organization fails to						-
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		:				
	include any "unusual grants.") .	L					
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities				1 63		
	furnished by a governmental unit to the			}	1 200	}	
	organization without charge				Jan C		
4	Total. Add lines 1 through 3				(())		
5	The portion of total contributions by						
	each person (other than a	S	1944 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945	100 F		· "FRANKS.	
	governmental unit or publicly		San San San San San San San San San San				
	supported organization) included on					Marion Co.	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	\$4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		20 C.C.	\$ 1 Ab 11	100	
6	Public support. Subtract line 5 from line 4.	75 E 80 3 2 3 1 4 2 1	Wile & N		,744 ()112	Secretary (a)	
	on B. Total Support		ρ	100			
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,		11/2		ļ		
	payments received on securities loans,						
	rents, royalties and income from similar		(C)			İ	
_	sources						
9	Net income from unrelated business	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	`				
	activities, whether or not the business						
	is regularly carried on	FUA.	-				
10	Other income Do not include gain or	C .					
	loss from the sale of capital assets (Explain in Part IV.)						
44					11 7		
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	Year instruction			13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 7 i	
13	First five years. If the Form 990 is for the			 d third fourth	or fifth tax w	12	n 501/c)/3\
13	organization, check this box and stop he						n 501(c)(5) ► □
Socti	on C. Computation of Public Suppor			· · · · · ·	· · · · ·	• • • •	
14	Public support percentage for 2010 (line			1 column (fl)		14	
15	Public support percentage from 2009 Sci		•	1, Column (1))		15	
16a	331/3% support test 2010. If the organi			on line 13, and	ا ا ط المو 14 is 331		
	box and stop here. The organization qua						. ► □
b	331/3% support test 2009. If the organ				16a, and line	15 is 33½%	
_	check this box and stop here. The organ						. ▶ □
17a	10%-facts-and-circumstances test – 20	010 If the orga	nization did no	nt check a box	on line 13 16:	a or 16b and l	_
	10% or more, and if the organization me						
	Part IV how the organization meets the "f						
	organization						`. ▶ □
b	10%-facts-and-circumstances test – 20	009. If the orga	inization did no	ot check a box	on line 13, 16	a. 16b. or 17a.	_
_	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m						
	supported organization						. 🕨 🗆
18	Private foundation. If the organization di	d not check a l	box on line 13,	16a, 16b, 17a	ı, or 17b, checi	k this box and s	see
	instructions						. ▶ 🗆

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

	ii the organization falls to quality	under the te	313 listed ben	ow, piedae ec	impicto i ait i	··· <i>·</i>	
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,685	90,586	329,696	418,703	724,037	1,657,707
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	801,076	736,900	891,312	921,332	672,380	4,023,000
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					ý	
5	The value of services or facilities furnished by a governmental unit to the organization without charge				D		
6	Total. Add lines 1 through 5 .	895,761	827,486	1,221,008	1,340,035	1,396,417	5,680,707
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				243,000		243,000
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			7,993			7,993
C	Add lines 7a and 7b	0	0	7,993	243,000	0	250,993
8	Public support (Subtract line 7c from line 6.)						5,429,714
Section	on B. Total Support	1	N. 39				
	dar year (or fiscal year beginning in)	(a) 2006 🔾	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	895,761	827,486	1,221,008	1,340,035	1,396,417	5,680,707
10a	Gross income from interest, dividends,	(A)	027,460	1,221,006	1,340,033	1,350,417	3,000,707
104	payments received on securities loans, rents, royalties and income from similar sources.	12,447	6,738	1,100	649	700	21,634
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	12,447	6,738	1,100	649	700	21,634
11	Net income from unrelated business activities not included in line 10b; whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				302		302
13	Total support (Add lines 9, 10c, 11, and 12.)	908,208	834,224	1,222,108	1,340,986	1,397,117	5,702,643
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, second	d, third, fourth	or fifth tax ye	ear as a section	501(c)(3) ▶ □
Section	on C. Computation of Public Suppor		<u> </u>	•			
15	Public support percentage for 2010 (line 8			3. column (fl)		15	95 21 %
16	Public support percentage for 2010 (line of 2010)		-	-,		16	94 32 %
	on D. Computation of Investment In			<u>. </u>	: :	1.0	34 32 70
17	Investment income percentage for 2010 (/ line 13 colum	on (fl)	17	0.20 04
17	Investment income percentage for 2010 (''' (')) · · ·	18	0.58 %
19a	331/3% support tests—2010. If the organ 17 is not more than 331/3%, check this box	ization did not	check the box	on line 14, an		ore than 331/3%	, and line
b	331/3% support tests—2009. If the organize line 18 is not more than 331/3%, check this line 18 is not more tha	ation did not c	heck a box on	ine 14 or line 1	9a, and line 16	is more than 33	31/3%, and
20	Private foundation. If the organization di		_			• •	_

Schedule	Δ (F	arm qq	in or a	990-F	Z) 2010

Part IV	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. Also complete this part for any additional information. (See instructions).
General E	xplanation - Interest income from bank account
•	
	. CO

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

Part IV, I

Attach to Form

► 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.

ate instructions. Inspection

Name of the organization Employer identification number **GLOBAL EXPLORERS** 06-1693441 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) . 3 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) \square_i Preservation of an historically important land area Rreservation of a 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Contraction of historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 (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. Organization's Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items:

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X .

	. •			
Schedu	יום, גו	/Earm	aaan	2010

Par	t III Organizations Maintaining						
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o	ther records,	check any of the	ne following that are	a significant use of	its
а	☐ Public exhibition		d∏	Loan or excha	ange programs		
b	Scholarly research		e 🗆	Other			
c	☐ Preservation for future generation	ns					
4	Provide a description of the organiza		and explain h	ow they further	the organization's e	xempt purpose in F	art
•	XIV.		and oxpiam in	ion they factore.	ino organización o o	Kompt purpose iii i	ш, с
5	During the year, did the organization	solicit or receive	donations of	art, historical t	reasures, or other su	milar	
	assets to be sold to raise funds rather					· 🗌 Yes 🗀 I	۸۸
Par	IV Escrow and Custodial Arra						
	line 9, or reported an amour				anoword roo to	101111000,1 41111	•
1a	Is the organization an agent, trustee				tions or other assets	not	—
	included on Form 990, Part X?			=		· □Yes □I	J۵
b	If "Yes," explain the arrangement in P		ete the follow	ing table:			
-	ii roo, oxpiaii alo arangoment ii r	art XIIV and compr		g table.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Amount	
С	Beginning balance				Y _c	.,	
ď	Additions during the year				1d		
e	Distributions during the year				1e		—
f	Ending balance				1f		
2a	Did the organization include an amoun					. Yes 🗆	10
b			.				
Par			zation answe	ered "Yes" to	Form 990, Part IV, I	ine 10.	_
		(a) Current year	(b) Prior yes				k
1a	Beginning of year balance		08	à		AND SHAPE OF SHAPE	^~ }
b	Contributions		7%			S. (27 65/35)	一
C	Net investment earnings, gains, and		্ত		1,7 779%		T.
	losses		6712				. **
d	Grants or scholarships	7.5.6			The second section	137 (SK 5 24. 17.4)	3
е	Other expenditures for facilities and	8,40	্ত		ي الاستحار العرباطينيان	V. 1968 J. He. 1988	Ż
	programs	* * * * * * * * * * * * * * * * * * *	0	1	The state of the		
f	Administrative expenses	(O/A			Bijden biglate,	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. **
g	End of year balance				: * * * * * ·		31
2	Provide the estimated percentage of t	he year ènd balan	ce held as:				_
а	Board designated or quasi-endowmer	nt 🛌	%				
b	Permanent endowment ►	<%))	. -				
С	Term endowment ►						
3a	Are there endowment funds not in the	possession of the	ne organizatio	n that are held	and administered for	the	
	organization by:	₹				Yes N	0_
	(i) unrelated organizations					. 3a(i)	
	(ii) related organizations .					. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organi					. 3b	
4	Describe in Part XIV the intended uses				<u></u>		_
Part		ment. See Form	<u>1 990, Part X</u>	(, line 10.	<u>-</u>		
	Description of investment	(a) Cost or ot (investm		Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land		0	0	Marian ha		0
b	Buildings		0	242,926	4,469	238,4	<u>57</u>
C	Leasehold improvements		0	0	0		0
d	Equipment		0	16,654	16,654		0
<u>e</u>	Other		0	0	0	 	0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, co.	iumn (B), line 1(0(c).) ▶	238,4	57

Part VII Investments—Other Securities	s. See Form 990. Part X.	line 12.	1 490
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			=1.//-
(E)			
(F)			
(G)		()	
(H)			
(1)		(7)	*.
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		A ST ST ST ST ST ST ST ST ST ST ST ST ST	and the state of t
Part VIII Investments—Program Relate	d. See Form 990, Part X		
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)			
(2)		6 C)	
(3)		(A)	
(4)	6		
(5)		<u> </u>	
(6)	250		
_(7)	2		
(8)	3		
(9)	(in)		
(10)		A2200.A8	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►		Company of Policy and	# * ·
Part IX Other Assets. See Form 990, P.	art A, Iline IIIo.		(b) Book value
(1)		-	
(2)	<u></u>		
(3)			
(4)), **		
(5)	Ž.		
(6)	**************************************		
(7) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, o			
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount		The state of the s
(1) Federal income taxes			Marie Company of the
(2)			
(3)			
(4)			
(5)			ACTUAL TO A STATE OF THE STATE
(6)	\		
(7)			
(8)			7 30 30 m - 33 (-2)
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	the tout of the feetnets to	the organization's financial states	mante that reports the
2. FIN 48 (ASC 740) Footnote In Part XIV, provide organization's liability for uncertain tax positions of the control of the c	INDER LEXT OF THE TOOTHOLE TO	the organization's imancial stater	nents that reports the
Organization s nacility for uncertain tax positions t	ATTACK T HIN 40 (MOU / 40).		

Schedu	ile D (Form 990) 2010		Page 4
Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,393,117
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,466,807
3		3	-73,690
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-73,690
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	1,393,117
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	27.3	
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	43.4	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,393,117
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 3 3 S	,
а	Investment expenses not included on Form 990, Part VIII, line 7b	1900	
b		er Great	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part Isline 12.)	5	1,393,117
Part			I
1	Total expenses and losses per audited financial statements	<u>1</u>	1,470,807
2	Amounts included on line 1 but not on Form 990, Part IX (line 25:	4	
a	Donated services and use of facilities	1000 A	
b	Prior year adjustments	47.86	
C	Other losses	adeβagaji ∔ Nation	
d	Other (Describe in Part XIV.)	-	
e	Add lines 2a through 2d	2e 3	4,000
3	Subtract line 2e from line 1	क्ट्राच्याः क्ट्राच्याः	1,466,807
4		****	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 Other (Describe in Part XIV.)	**	
b	Other (Describe in Part XIV.)	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,466,807
Part			1,400,007
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa	 art IV	lines 1h and 2h:
	, line 4; Part X, line 2; Part XI line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp		
	Iditional Information.		ранна рисила
•			
		·	

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

2010

06-1693441

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization GLOBAL EXPLORERS

Employer identification number

Par	General Information of Form 990, Part IV, line 14		Outside the Ur	ited States. Comple	ete if the organization a	answered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligi grants or assistance? .					
2	For grantmakers. Describe i United States	n Part V the oro	ganization's pro	cedures for monitorin	g the use of grant ful	nds outside the
3	Activities per Region (The following	owing Part I, line	3 table can be	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	dia in the same and the same a	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program, services, investments, grants to recipients a located in the region)	service(s) in region 1	(f) Total expenditures for and investments in region
				100		
(1)	South America	0	0	Program Services	Lodging and tran	279,158
(2)	North America (including Canada			Program Services	Lodging and tran	25 720
(3)	North America (including Canada	0	0	Program Services	Lodging and tran	35,729
(4)			Pa	3		
(5)			100			
(6)			(Z)			
(7)		-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(8)			D			
(9)						
(10)	<u>~</u>	<u> </u>				
(11)		<i>J</i>				
(12)						
(13)						
(14)						
(15)						· name
(16)						
(17)						
3a	Sub-total			With the State of	all Mary Contains	
b	Total from continuation sheets to Part I			*	****	
С	Totals (add lines 3a and 3b)	0	0	生物 治松松松松	Marking dispersion of the Control of	314,887

Schedule F (F	Schedule F (Form 990) 2010
Part II	Part II 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 ▶ □
	Part II can be duplicated if additional space is needed

					to some of	to the Amount of		(i) Mothod of
(a) Name of organization	(b) IHS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	cash disbursement	non-cash assistance	(h) Description of non-cash assistance	(book, FMV, appraisal, other)
(I)								
(2)						228	3	

(4)	***** ******				C			
(5)	, Ag							
(9)				0	3			
ω					À			
				000000				
(6)	. 4.7)					
(10)			7000					
(11)	ŕ		O FY					
((2)			•					
(13)								
/ {\},)						
(15)			:					:
, (16);								

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 က Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

rari III can de duplicateo II additional space is needed.	וכמנכם וו מסמוניטיומו פאני	יייייייייייייייייייייייייייייייייייייי					L
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)					10 C	(2)	
(3)		-			20		
(4)			: :	***			
(5)				De			
(9)				F. 198			
(2)							
(8)							
(6)			S. S. S. S. S. S. S. S. S. S. S. S. S. S				
(10)		نقده (2				
(11)							
(12)							
(13)							
(14)			=				
(15)	The state of the s						
(16)							
(17)							
(18)							

Part I	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 Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Ī	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)		√ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		☑ No
		Schedule F (F	orm 990) 2010

Part V	Supplemental Information
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)
	3 ^{fe}
	F. J. D.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

P Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GLOBAL	EXPLORERS							06-1	69344	11		
Part I	Excess Benefit Transactions Complete if the organization a	(section	501(c)(3 "Yes" o	3) and section 501(c n Form 990, Part IV	(4) organizati line 25a or 2	ons only). 5b, or Foi	m 99	D-EZ,	Part \	√, line	40b.	
4	(a) Name of disqualified person				(b) Description	of transacti	00				(c) Con	rected?
1	(a) Name of disqualified person				(b) Description	- Tor transacti					Yes	No
(1)												
(2)				-		_	- 10 - x					
(3)												-
_(4)						<u></u>	(4.00)	· 				
(5)							<u>, </u>					
(6)					· · · · · · · · · · · · · · · · · · ·	(4. A)						
un	nter the amount of tax imposed oder section 4958.				(5, 7	rsons du	ring ti 	ne ye l	ar ► \$			
3 En	iter the amount of tax, if any, on li	ne 2, abo	ove, rein	nbursed by the orga	nization		•	. !	▶ \$			
Part II	Loans to and/or From Interest Complete if the organization a			n Form 990, Part IV	line 26, or Fo	orm 990-E	Z, Pa	rt V, I	ne 38	Ba.		
(a) N	ame of interested person and purpose		to or from anization?	(c) Original principal amount	(d) Balan	ce due	(e) In d	lefault?	(f) App by bo comm	ard or		/ntten ment ⁹
		То	From	- 1 3 C			Yes	No	Yes	No	Yes	No
(1)												
(2)				70								
(3)				. A 70			ļ					
(4)				" Carrier of the Contract of t								
(5)			- 3	10 (A)								
(6)			*	Ø.,								
(7)			13	3								
(8)		1	, VI	, 								
(9)			Y's									
(10)		4.22	- CESA									
Total .		747.	7		\$		44.	(, , '	, ,	3,000	, 5g . 5g . 7	2.2,
Part III	Grants or Assistance Benefit Complete if the organization a	ti ng Inté nswered	rested F "Yes" o	Persons. n Form 990, Part IV	line 27.							
	(a) Name of interested person	(b) Ro	elationship	between interested personganization	on and the	(c) /	Amount	and ty	oe of a	ssistan	ce	
(1)	War.											
(2)												
(3)	A. Berry											
(4)				- -								
(5)	Con W											
(5) (6)												
(7)												
(8)	· · · · · · · · · · · · · · · · · · ·											
(9)												
(5)												

Part IV	Rusiness Transactions Inve	olving Interested Persons	· · · · · ·			age 4
	Complete if the organization	olving Interested Persons. answered "Yes" on Form 990,	Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1) Br	ad Rogers	Spouse of Board Member	10,000	Repayment of Loan Balance		1
(2)						—
(3)						↓
(4)						<u> </u>
(5)						↓
(6)				674		
_(7)				3,437		Ļ
_(8)						ļ
(9)				(2)		<u> </u>
(10)				· · · · · · · · · · · · · · · · · · ·		
Part V	Supplemental Information Complete this part to provide	e additional information for resp	् onses to question	son Schedule L (see instruction	ons).	
			68) is		

•••••						
		C , .				
			**			
					-	
••••						
		£.1				
		y				
				•		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

ି ୬

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number **GLOBAL EXPLORERS** 06-1693441 Form 990, Part VI, Section B, Line 11b - 1. The Form 990 is provided to the full board and reviewed and approved by the Finance Officer and Executive Director 2. The governing documents are available upon written request to the President of the Board Form 990, Part VI, Section B, Line 12c - 1 The organization reviews its conflict of interest policy if any red flags arise during any board meeting or board retreat 2. We request that all board members disclose any conflict of interest during meetings. We also ask if there are any conflict of interests before accepting new board members Form 990, Part VI, Section B, Line 15 - 1. the board reviews compensation reports from the Colorado Association of Nonprofit Organizations and compares salaries to comparable organizations based on size, program area and type of position Form 990, Part VI, Section C, Line 19 - The organization makes its governing documents, conflict of interest policy available to the public based upon written request to the Executive Director Financial documents are also available based upon written request as well as accessible on State Department of Revenue website and third party certifying organization sites

Schedule O, Statement 1

Form 990

Page 2

Line Number Part III Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	This program is for Blind and/or Visually Impaired. On the Leading the Way expedition, you will spend time on the South Rim of the Grand Canyon enga meaningful service and cultural immersion, then experience a once-in-a-lifet opportunity rafting the majestic Colorado River. This Global Explorers progrin cooperation and partnership with Grand Canyon Youth and Grand Canyon.	ging in ime am is offered		56,793
	Park			
	Countless explorers have come to the Arctic regions, many attracted by the unusual web of life that makes life in the Far North so unique. It is home to the beluga whales, grant herds of caribou, tundra wildflowers, great boreal forest fascinating mix of cultures. This workshop offers you the opportunity to beconscientist as you use cutting-edge research techniques to research and disconnicedible diversity of this remote region. Journeying by train, boat, van and learn about what makes the Arctic so special and important to protect.	nousands of ts and a ime an Arctic ver the on foot, you		42,632
	Galapagos, - This is no ordinary student travel experience. No other travel or requires extensive educational preparation prior to travel as well as a follow, leadership project after travel. Our interdisciplinary preparatory curriculum prostudents for travel with lessons on leadership, service, science and culture a towards responsible global citizenship.	up service epares		42,663
-	Learning AFAR	172,800		0
	U S Southwest	71,268		0
Total:	F. A	391,834	0	142,088