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Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public

2013 Open to Public

OMB No 1545-0047

Inter	nal Revenue Service		► Information about Form 990	and its instructions is at www ii	s gov/form990		Inspection
A	For the 2013 c	alendar ye	ar, or tax year beginning	, and ending			
8	Check if applicable	C Name of o	genization			D Employ	er identification number
_	Address change		Global Connection	ıs			
=	•	Doing Bus	ness As		-	20-	8241793
ᆜ	Name change	Number ar	I street (or P O box if mail is not delivered to street addr	ess)	Room/suite		one number
	Initial return	P O	Box 9630			662	-328-4931
	Terminated		state or province country, and ZIP or foreign postal co-	de	L	002	-320-4731
ᆨ			• • • • • • • • • • • • • • • • • • • •				260 200
$\exists$	Amended return	Colu	bus MS 3	9705		G Gross rece	ipts\$ 368,290
	Application pending	1			H(a) Is this a gro	up return for sul	bordinates? Yes X No
		•	n B. Puckett III		_	-	
			Box 9630		H(b) Are all sub		
			mbus MS	39705	If 'No '	attach a list (	see instructions)
ı	Tax-exempt status	X 50	(c)(3) 501(c) ( ) ◀ (insert no )	4947(a)(1) or 527			
J	Website > W		balconnectionsonline	.org	H(c) Group exe	mption number	<b>&gt;</b>
ĸ	Form of organization	X Corpo	ation Trust Association Other	L	Year of formation 2	006	M State of legal domicile MS
F	Part I Su	ımmary					
	1 Briefly de	escribe the	rganization's mission or most significant a	ctivities		·	
٠.	ا من	Schedu	5				
2	500	benedu					
ā							
Ę							
š	2 Check the	is hox	if the organization discontinued its operat	ions or disposed of more than 2	5% of its not ass	ente	
Ō	3 Number	_	mbers of the governing body (Part VI, line		0 70 OI NO NOC 435	3	5
oo.	4 Number						0
ţ	4 Number o		ent voting members of the governing body			4	<del></del>
Activities & Governance	5 Total nun		iduals employed in calendar year 2013 (Pa	art V, line 2a)		5	0
Ac	6 Total nun	nber of volu	nteers (estimate if necessary)			6	25
	7a Total unre	elated busi	ess revenue from Part VIII, column (C), lin	e 12		7a	0
	b Net unrel	lated busine	ss taxable income from Form 990-T, line 3	4		7b	0
					Prior Yea		Current Year
Ф	8 Contribut	tions and gi	ants (Part VIII, line 1h)		238	3,069	367,320
Revenue	9 Program	service rev	enue (Part VIII line 2g)				0
eve	10 Investme	ent income	Part VIII, column (A), lines 3, 4, and 7d)			949	970
œ	1		VIII, column (A) lines 5, 6d, 8c, 9c, 10c, ar	nd 11e)			0
	1		lines 8 through 11 (must equal Part VIII, co		239	9,018	368,290
Ø	T		mounts paid (Part IX, column (A), lines 1–3			7,911	183,800
SCANSAS	ľ		• • • • • • • • • • • • • • • • • • • •	''	20	,,,,,,	103,000
ź	1	•	r members (Part IX, column (A), line 4)			+	
Zέ			ensation, em <u>ploy</u> ee benefits (Part IX, colur				0
Të	1		ing fees (Part IX, column (A) Ime (1 e)				0
	b Total fund	draising ex	enses (Part IX,-eo <del>lumn (D), Ime 25)</del> ▶				
#	17 Other exp	penses (Pa	t IX, column (Aprihes 11a-71a, 11f-120)	655	5 (	7,494	18,613
<del>.</del>	18 Total exp	enses Ado	lines 13-17 (must equal Part IX, column (/	A), ine 25)	318	3,405	202,413
_	19 Revenue	less exper	ses Subtract line 18 from line 12		-79	3,387	165,877
Net Masets for L	200		aecelven i		Beginning of Cur	rent Year	End of Year
<u>ع جي</u>	20 Total ass	ets (Part X	line 16)	-	143	3,318	307,563
300	21 Total liab	ulities (Part	(, line 26)			0	0
7	22 Net asse	ts or fund b	alances Subtract line 21 from line 20		14:	3,318	307,563
F		gnature	<del></del>				<u></u>
		_	are that I have examined this return, including a				uniadas and but of it is
tr	rue correct and c	omolete De	are that make examined this return, including a gration of preparer (other than officer) is based	on all information of which preparer	ents, and to the be	est of my kno	wiedge and belief, it is
<del>.</del>	T k	ompicie bei	H. R. W. Harronicer, is based	or an information of which preparer		<del></del>	··· <u> </u>
	_		Kap. Viners		<del></del>		
Sig	gn  🔽 s	Signature of offi		<del></del>		Date	-lx
He	re 📘 _	Hlex	& ruckett !	<u></u>		171	1114
	<b> </b>	ype or print na	ie and title			'	
	Print/Type	e preparer's na	ne Preparer's sign	nature	Date	Check	If PTIN
Pai	id <sub>Michae</sub>	el Kerby	Jr. Michael 1	Kerby Jr.	11/12	/14 self-emp	<b>└</b>
Pre	eparer Firms na		Thomas, Kerby & Brow		•	rm s EIN	64-0585361
	e Only		326 Military Road (F			IIII S CIN F	
- •	1			.O. BOX 1404)			660 200 4140
	Firm's ad			<del>,,</del>	P	hone no	662-328-4140
Ma	y the IRS discus	s inis retur	with the preparer shown above? (see inst	ructions)	-··· <del>·</del>		Yes No
		^					

4d Other program services (Describe in Schedule O) 40,049 including grants of \$ (Expenses \$ 21,301 ) (Revenue \$ 4e Total program service expenses ▶ 202,413

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х complete Schedule A 1 2 X 2 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 Х candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C. Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х "Yes." complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Х 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or Х debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes" complete Schedule D. Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 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? Х If "Yes," complete Schedule G, Part III 19 Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Forr	n 990 (2013) Global Connections 20-824179	3	P	age 4
P	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United Stat	es	1	
	on Part IX, column (A), line 27 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	1	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 2	4b		
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	r		
	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 transac	<del></del>		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pr			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E			ĺ
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			į
	entity or family member of any of these persons? If "Yes, complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	<del></del>	<del> </del>	
	Part IV instructions for applicable filing thresholds conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	250		
	Schedule L, Part IV	286		х
С	An entity of which a current or former officer director, trustee, or key employee (or a family member thereo	<del></del>		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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	23		
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N	<del></del>		
	Dad L	'	1	₩.

Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Х Form 990 (2013)

Х

Х

X

X

32

33

34

35a

35b

36

37

38

	art V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>	age
	Check if Schedule O contains a response or note to any line in this Part V	/			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	_		l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		İ	İ
	reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instruction				1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	•			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	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	ne			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	l	X
b	If 'Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b	<u> </u>	
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?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as		ĺ	
	required to file Form 8282?	1	7с		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e	<u> </u>	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	ract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1	
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8	ļ	L
9	Sponsoring organizations maintaining donor advised funds.				
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	<u> </u>	
10	Section 501(c)(7) organizations. Enter	1		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_	ļ	
11	Section 501(c)(12) organizations Enter	L., 1	ŀ	1	
а	Gross income from members or shareholders	11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			]	
42-	against amounts due or received from them )	11b			ŀ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	[ 12b ]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers		42-	<del> </del>	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<del> </del>
٠.	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	125			
_	Enter the amount of reserves on hand	13b		1	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	136	14a	<del> </del>	х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e ()	14b	<b> </b>	<del>  ^</del>
	- 1 10, Provide all explanation in Collection	- <del>-</del>	, 0	1	

Pa	irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throu	gh 7b	below, an	d for a '	'No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Sch	edule O S	ee instr	uction	าร
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management			_		
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0			
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	Х	•
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	•		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ir by th	e following			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
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 Interior	nal R	evenue C	ode)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	.m <sub>2</sub>	11a		X
b	Describe in Schedule O the process of any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	officts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did 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		X
	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					
	with a taxable entity during the year?			16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		<u> </u>	<del>-</del>		
17	List the states with which a copy of this Form 990 is required to be filed ▶ MS					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the conflict of the con	st poli	cy, and			
	financial statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books and records of	he				
	organization ► A B Puckett IV P O Box 9630					
	olumbus MS 3970	5	66	2-32	<u>8 - 4</u>	931

Form 990 (2013	Global	Connections

20-8241793

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year 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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x unli	(C) Position not check more than of unless person is bother and a director/trust			an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(vv 211099-WIGC)	organization and related organizations
(1) Allen B. Pucket										
	10.00									
President & Director	0.00	X		X	ļ			0	0	0
(2) William R. Walke		1								
	1.00	٠,,		7.						
Vice President & Dir	0.00	X	-	X	$\vdash$	$\vdash$		0	0	0
(3) Anna Puckett	25 00									
Garaghana 6 Dinastra	25.00	١,,		3,5						
Secretary & Director	0.00	X	-	Х		-		0	0	0
(4) Lucy Anne Walker	1.00									
Treasurer & Director	0.00	X		х				0	0	_
(5) A B Puckett	0.00	<u> </u>		^	<del> </del> -	├─		0	0	0
(9)A B FUCKECC	25.00									
Executive & Director	0.00	x		х				0	0	0
(6)	0.00									
(7)										
(7)										
(8)										
(9)										
(10)										
(11)										
(11)										. 990

_ ra	rt VII · Section A Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	hours per (do week box, (list any offic hours for				erson directo	than o	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	C	Estima amour othe compen from	ated nt of er sation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and rel organiza	ated	
(12)														
(13)														
(14)														····
(15)														
(16)														
(17)														****
(18)														
(19)														
1b c d	Sub-total Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	icluding but not I	ımıte	d to		se lis	ted a	b b abov	ve) who received more than	\$100,000 in				
3	Did the organization list any for employee on line 1a? If "Yes" For any individual listed on line	ormer officer, dir	ecto dule	r, or J for	suc	h inc	dividu	ıal				3	Yes	No X
5	organization and related organ individual Did any person listed on line 1	a receive or acc	rue (	comp	ens	atıor	n fror	n ar	ny unrelated organization or			4		X
Sect 1	for services rendered to the or tion B Independent Contractor Complete this table for your five	ors ve highest comp	ensa	ited i	nde	pend	fent o	cont	ractors that received more			5		X
	compensation from the organi	(A) business address	omp	ensa	tion	for t	he ca	alen		iin the organization's tax ye (B) iion of services	ear	Co	(C) mpensa	lion
										<del>-</del>				
	<del></del>								··					_
2	Total number of independent received more than \$100,000	contractors (inclu	uding	but n the	not org	limite	ed to	tho	se listed above) who	0		-	<u> </u>	

Part VIII

Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII

				tains a	response (	or note to any line	in this Part VIII		
					•	(A) Total revenue	(B) Related or ekempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	1a				Tevende		512-514
ra L	b	Membership dues	1b						
O.E	C	Fundraising events	1c						
ifts A re	ď	Related organizations	1d						
9,E	P	Government grants (contributions)	1e						
ËŠ	f	All other contributions gifts grants							
her	·	and similar amounts not included above	e   1f		367,320				
Ē	g	Noncash contributions included in lines		 S					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total Add lines 1a-1f		-	•	367,320			
					Busn Code		,		
ven	2a								
Program Service Revenue	b				-				Ü.
	С								
Sen	d								
am	е								
jgo,	f	All other program service re	evenue						
<u>~</u>	g	Total. Add lines 2a-2f			<u> </u>			<b>****</b>	·
	3	Investment income (includir	ng dividen	ds, intere	est				
		and other similar amounts)			▶	970			970
	4	Income from investment of	tax-exem	pt bond p	oroceeds 🕨				<del></del>
	5	Royalties	·····		<u> </u>				····
		(ı) Rea	31	(11)	Personal				
	6a	Gross rents							
	b	Less rental exps			<del></del>				
	С.	Rental inc or (loss)	!						
	d 7a	Net rental income or (loss) Gross amount from		,	) Other				
		sales of assets	ties	(1)	) Other				
	h	other than inventory							
	U	Less cost or other							
	С	basis & sales exps Gain or (loss)							
	d	Net gain or (loss)			•				
		Gross income from fundraising e	events [						· · · · · · · · · · · · · · · · · · ·
nue		(not including S							
ķ		of contributions reported on line	1c)						
Other Revenu		See Part IV, line 18	a						
the	b	Less direct expenses	ь						
0	С	Net income or (loss) from fu	undraising	events	<b>•</b>				
	9a	Gross income from gaming activ	vities						
		See Part IV, line 19	a						
	b	Less direct expenses	ь[						
	С	Net income or (loss) from g	amıng acı	ivities					
	10a	Gross sales of inventory, le	ss						
		returns and allowances	a						
	b	Less cost of goods sold	ь[						
	<u>c</u>	Net income or (loss) from s	ales of inv	entory/	<u> </u>				
		Miscellaneous Reven	ue		Busn Code				
	11a							<del> · · · · · · · · · · · · · · · · · · </del>	
	b				<u> </u>				
	C				<b>——</b>				
	d	All other revenue			<u> </u>				
	e	Total. Add lines 11a-11d				360 000			^=-
	12	Total revenue See instruc	tions		<b>&gt;</b>	368,290	0	0	970

Part IX Statement of Functional Expenses

Sect	On 501(c)(3) and 501(c)(4) organizations must c		···	nplete column (A)	
	Check if Schedule O contains a resp	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	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	183,800	183,800		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				· <del></del> ·
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				· · - · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
a	Management				
b	}				<del></del>
C	Accounting	-			·········
	Lobbying			<del></del>	
e	· · · · · · · · · · · · · · · · · · ·				
' ~	Investment management fees Other (If line 11g amount exceeds 10% of line 25 column				
g	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		·		<del></del>
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	10,121	10,121		·
18	Payments of travel or entertainment expenses		·		1
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,851	1,851		
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Operating Expenses-US	6,776	6,776		
þ	Operating Expenses-Kenya	-135	-135		<del></del>
C					
d					
	All other expenses	202 412	200 412		
25	Total functional expenses Add lines 1 through 24e	202,413	202,413	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
DAA	1010Willing 001 30-2 [000 330-120]				Form 990 (2013)

Part .						· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note	to any line in t	his Part X						
				(A)	}	(B)			
Τ.				Beginning of year		End of year			
1	3		-	41,951	1	147,663			
2	Savings and temporary cash investments			49,133	2	49,250			
3	Pledges and grants receivable, net		ļ-	18,434	3	72,99			
4	Accounts receivable, net		-	7,837	4	14,85			
5	Loans and other receivables from current and former of		S,						
	trustees, key employees, and highest compensated em	ployees							
١.	Complete Part II of Schedule L				5				
6	Loans and other receivables from other disqualified per	•	ł						
	4958(f)(1)), persons described in section 4958(c)(3)(B),		· · · · · · · · · · · · · · · · · · ·						
	sponsoring organizations of section 501(c)(9) voluntary		neficiary						
7	organizations (see instructions) Complete Part II of Sch	nedule L	-	00 400	6				
2 7	Notes and loans receivable, net		-	22,480	7	22,49			
`  °	Inventories for sale or use		-		8	4			
9	Prepaid expenses and deferred charges	1 1	-		9	4.			
10a	a Land, buildings, and equipment cost or		10 000						
	other basis Complete Part VI of Schedule D	10a	19,000	2 402					
	Less accumulated depreciation	10b	19,000	3,483					
11	Investments—publicly traded securities		-		11				
12	Investments—other securities See Part IV line 11								
13	Investments—program-related See Part IV, line 11	· ·							
14	Intangible assets		-		14	0.5			
15	Other assets See Part IV, line 11	-	142 210	15	250				
16	Total assets Add lines 1 through 15 (must equal line 3	4)		143,318	16	307,563			
17	Accounts payable and accrued expenses	-		17					
18	Grants payable		-		18				
19	Deferred revenue		-		_19				
20	Tax-exempt bond liabilities		-		20				
21	Escrow or custodial account liability Complete Part IV of		-		21				
22	, ,								
[	trustees, key employees, highest compensated employe	ees and							
	disqualified persons Complete Part II of Schedule L		F		22				
23	Secured mortgages and notes payable to unrelated third	•	-		23				
24	Unsecured notes and loans payable to unrelated third p		-		24				
25	Other liabilities (including federal income tax, payables to				i				
	parties, and other liabilities not included on lines 17-24)	Complete Par	t X						
	of Schedule D				25				
26		<b>.</b> F	<del>"</del>	0	26				
ا م	Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨	and						
27 28	complete lines 27 through 29, and lines 33 and 34								
27	Unrestricted net assets		-		27				
28	Temporarily restricted net assets		-		28	<u> </u>			
29		)) -bb	<b>▶</b> 🖾		29				
5	Organizations that do not follow SFAS 117 (ASC 958	s), cneck nere	▶ X and						
ן פַ	complete lines 30 through 34.		İ		20				
30	• • •		-	<del></del>	30				
31	Paid-in or capital surplus, or land, building, or equipment		-	1/2 210	31	207 EC			
ğ 32	Retained earnings, endowment, accumulated income, or	or other funds	-	143,318	32	307,563			
33	Total habition and not proceed found belonged		-	143,318	33	307,563			
34	Total liabilities and net assets/fund balances			143,318	34	307,563			

orm	990 (2013) Global Connections	20-8241793				Pa	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in the	nis Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1		36	8,	290
2	Total expenses (must equal Part IX, column (A), line 25)		2		20	2,	413
3	Revenue less expenses Subtract line 2 from line 1		3		16	55,	877
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colum	ın (A))	4		14	3,	318
5	Net unrealized gains (losses) on investments		5				
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				·
9	Other changes in net assets or fund balances (explain in Schedule O)		9			1,	632
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal	Part X, line					
	33, column (B))		10		30	7,	563
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in the	ns Part XII					
						Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual	Other					
	If the organization changed its method of accounting from a prior year or checked "	Other," explain in					
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent	ent accountant?			2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year						
	reviewed on a separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and sep	parate basis					
b	Were the organization's financial statements audited by an independent accountant	?			2ь		Х
	If "Yes," check a box below to indicate whether the financial statements for the year	were audited on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and sep	arate basis			1	}	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes resp	oonsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an in	dependent accountant?		2	2c	- 1	
	If the organization changed either its oversight process or selection process during	the tax year, explain in					
	Schedule O						
3a	As a result of a federal award, was the organization required to undergo an audit or	audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organizatio	n did not undergo the			$\neg \vdash$		
	required audit or audits, explain why in Schedule O and describe any steps taken to	undergo such audits		3	в		

Form **990** (2013)

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

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Global Connections

Employer identification number 20 - 8241793

The	ornai	nization is not	a private foundation because	e it is (For lines 1 through 11, o	check only	v one hov	. )							
1	ngo,			ociation of churches described		•								
2	$\exists$				iii Sectioi	1 170(0)(	'/\^/\'/							
	-		scribed in section 170(b)(1)(											
3	-			ce organization described in sec			•							
4		A medical re-	•	d in conjunction with a hospital (	described	ın sectio	n 170(b	i)(1)(A)(i	ııı) Ente	er the h	ospital	's name	:	
5				of a college or university owned	or operat	ed by a n	overnme	ental uni	t descri	hed in				
	L	_	(b)(1)(A)(iv) (Complete Part	,	ог орстас	co by a g	0 10 111110	211(01 011	000011	bed iii				
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	70(b)(1)(A	·)(v)							
7		An organizat	ion that normally receives a	substantial part of its support fro	om a gove	ernmenta	l unit or i	from the	genera	al public	;			
	_	described in	section 170(b)(1)(A)(vi) (C	omplete Part II )										
8		A community	rtrust described in <b>section</b> 1	170(b)(1)(A)(vi). (Complete Part	t H )									
9	X	An organizat	ion that normally receives (	I) more than 33 1/3% of its supp	port from	contributi	ons, me	mbershi	p fees,	and gro	oss			
		receipts from	activities related to its exem	npt functions—subject to certain	exceptio	ns, and (2	2) no mo	re than	33 1/39	% of its				
		support from	gross investment income ar	nd unrelated business taxable in	come (le:	ss section	1 511 tax	c) from b	usines	ses				
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2)	(Comple	te Part III	)							
10		An organizati	ion organized and operated i	exclusively to test for public safe	ety See s	ection 5	09(a)(4)							
11	ΪĨ	An organizati	ion organized and operated i	exclusively for the benefit of to	perform ti	he functio	ns of, or	to carry	y out the	е				
				ed organizations described in se							1			
		509(a)(3). Ch	neck the box that describes t	he type of supporting organizati	on and co	mplete li	nes 11e	through	11h					
		a Type	b Type II	c Type III–Functions	ally integr	ated	d	Typ	e III–No	on-funct	tionally	ıntegra	ted	
е				anization is not controlled direct							,			
		-	· -	er than one or more publicly sup	•				•	•				
		or section 50	•	. , ,	•	<b>J</b>				` /\	,			
f				rmination from the IRS that it is	a Type I	Type II.	or Type	III suppo	ortina					
•		_			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , , , , ,	, , , ,	0000	······9					
g		organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the												
9		following per	-											
				ontrols, either alone or together	with nerse	ns descr	ihed in (	u) and					Yes	No
			w, the governing body of the	_	······· perse	J.1.5 GC 501	ibed iii (	, a				11g(ı)	103	<del>  '''</del>
			member of a person describ	•								11g(ii)		<del>                                     </del>
				described in (i) or (ii) above?								11g(m)		
h			•	he supported organization(s)								[119(11)		J
	Nami	e of supported	(ii) EIN	(III) Type of organization	(IV) Is the c	organization	(v) Did v	ou notify	(vi) !	s the	lanet	Amount o	f monet	20v
,,		anization	(11/ 2111	(described on lines 1–9		sted in your		nzation in	organizat		(***)	supp		.ary
				above or IRC section	governing	document?	col (ı)		(I) organi	zed in the S ?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)												<del>-</del>		
(B)														
(C)					<u> </u>									<del></del>
(U)														
(D)														
(E)					_									
T-4-														
Tota	<u>'                                     </u>		L		J	L		L	L	L				

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 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 its 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 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 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 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support Add lines 7 through 10 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 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2012 Schedule A, Part II, line 14 15 15 33 1/3% support test—2013 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—2012. 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-2013 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-2012 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 18 Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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)

Sec	tion A. Public Support	<u> </u>			·	<del>.</del>	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts grants, contributions, and membership fees received (Do not include any "unusual grants")	518,048	490,494	317,758	238,069	367,320	1,931,689
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	2,582				6,035
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5	521,501	493,076	317,758	238,069	367,320	1,937,724
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	62,357	33,794	59,030	23,644	50,906	229,731
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	62,357	33,794	59,030	23,644	50,906	229,731
8	Public support (Subtract line 7c from line 6)						1,707,993
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	521,501	493,076	317,758	238,069	367,320	1,937,724
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,023	2,582	1,324	949	970	8,848
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,023	2,582	1,324	949	970	8,848
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)						
13	Total support (Add lines 9, 10c, 11,						
	and 12 )	524,524	495,658	319,082	239,018	368,290	1,946,572
14	First five years If the Form 990 is for the	•	second, third, fou	irth, or fifth tax year	r as a section 501	(c)(3)	. $\Box$
200	organization, check this box and stop here tion C. Computation of Public Su		200				
			<del></del>	- (6)	<del></del>	15	05.5.0/
15 16	Public support percentage for 2013 (line 8 Public support percentage from 2012 Sche		•	n (r))		15	87.74%
	tion D. Computation of Investme					1 10 1	86.91%
17	Investment income percentage for 2013 (li			column (f))		17	%
18	Investment income percentage from 2012		=	(1)		18	1 %
19a	33 1/3% support tests—2013. If the organ			14, and line 15 is r	more than 33 1/3%		<u> </u>
ь	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2012. If the organ	ox and stop here. T	he organization q	ualifies as a public	ly supported organ	nization	<b>►</b> X
-	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		_		•	-	<b>▶</b>

Schedule A (Form 990 or 990-EZ) 2013 Global Connections

20-8241793

Page 4

Supplemental Information. 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)

### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990

OMB No 1545-0047

Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

Open to Public

lame	e of the organization		Employer	identification number
æ	lobal Connections		20-8	241793
	art I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" to			
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			·
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing the	hat the assets held in donor advised		•
	funds are the organization's property, subject to the organization's ex			Yes No
6	Did the organization inform all grantees, donors, and donor advisors	•		
	only for charitable purposes and not for the benefit of the donor or do	- · · ·		
	conferring impermissible private benefit?	, , ,		Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (che-	ck all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant la	nd area
	Protection of natural habitat	Preservation of a certified historic	structure	•
	Preservation of open space			
2	, , , , , , , , , , , , , , , , , , , ,	servation contribution in the form of a conse	rvation	<del>  · ·- ·- · · · · · · · · · · · · · · </del>
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified transferred, released,	extinguished or terminated by the organizat	tion during	g the
	tax year ▶			
4	Number of states where property subject to conservation easement i	s located >		
5	Does the organization have a written policy regarding the periodic mo			П. П.
	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	orcing conservation easements during the y	ear	
_				
7	Amount of expenses incurred in monitoring inspecting, and enforcing  S	g conservation easements during the year		
0				
ð	Does each conservation easement reported on line 2(d) above satisf	y the requirements of section 170(n)(4)(B)		□ Voo □ No
	(i) and section 170(h)(4)(B)(ii)?	monto in its valuable and sympass statemen	ام ممد	Yes No
9	In Part XIII, describe how the organization reports conservation ease balance sheet, and include if applicable, the text of the footnote to the			the .
	organization's accounting for conservation easements	ie organization s infancial statements that d	escribes i	ine
Pa	art III Organizations Maintaining Collections of Ar	t Historical Treasures or Other:	Similar	Assets
	Complete if the organization answered "Yes" to		J	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	, not to report in its revenue statement and t	palance s	heet
	works of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in further	erance of	
	public service, provide, in Part XIII, the text of the footnote to its finar	ncial statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	, to report in its revenue statement and bala	nce shee	l
	works of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthe	erance of	
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	S
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gain, pro	vide the	
	following amounts required to be reported under SFAS 116 (ASC 95)			
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	<b>S</b>
h	Assets included in Form 990, Part X			

Sche	dule D (Form 990) 2013 Global C	Connections		1		20-8	2417	93		Page 2
Pa	rt III Organizations Maintainii	ng Collections of	Art, H	istorical Ti	reasures,	or Othe	r Simi	lar Ass	sets (	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion and other record	ls, check	any of the fol	lowing that a	ire a signif	icant us	e of its		
a	Public exhibition	d 🗍	Loan or	exchange pro	grams					
b	Scholarly research	e 🗍	Other		_					
С	Preservation for future generations	<del></del>								
4	Provide a description of the organization's XIII	collections and explai	n how the	ey further the	organization	's exempt	purpose	ın Part		
5	During the year did the organization solicit	or receive donations	of art, his	storical treasu	res or other	sımılar				
_	assets to be sold to raise funds rather than									Yes No
Pa	rt IV Escrow and Custodial A			— <del></del>						
	Complete if the organization 990, Part X, line 21	on answered "Yes	" to For	m 990, Par	rt IV, line 9	), or repo	orted a	n amou	unt on	Form
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for c	contributions of	or other asse	ts not				
	included on Form 990, Part X?		,							Yes No
b	If "Yes," explain the arrangement in Part XI	III and complete the fo	llowing ta	able						
										Amount
С	Beginning balance							1c		
d	Additions during the year							1d		
е	Distributions during the year							1e	· · · · · · · · · · · · · · · · · · ·	
f	Ending balance							1f		
2a	Did the organization include an amount on	Form 990, Part X line	21?							Yes No
	If "Yes," explain the arrangement in Part XI	II Check here if the e	xplanatio	n has been pi	rovided in Pa	art XIII				
Pa	rt V Endowment Funds.									
	Complete if the organization	on answered "Yes	" to For	m 990, Par	t IV, line 1	0				
		(a) Current year	(6	) Prior year	(c) Two ye	ars back	(d) Th	ree years ba	ack	(e) Four years back
	Beginning of year balance									
	Contributions		-			<del> </del>				
С	Net investment earnings, gains, and									
	losses		-							
	Grants or scholarships						<u> </u>			<del></del>
е	Other expenditures for facilities and									
	programs									
1	Administrative expenses End of year balance					· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>	
9	Provide the estimated percentage of the cu	urrant waar and balana	) /l/20 10	. polyma (a))	hold on		l			
2	Board designated or quasi-endowment ►	ment year end balanc	e (iiiie iç	j, column (a))	neid as					
	Permanent endowment ▶ %									
	Temporarily restricted endowment ▶	, %								
·	The percentages in lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the poss		ation that	are held and	administere	d for the				
	organization by	seems.								Yes No
	(i) unrelated organizations									3a(i)
	(ii) related organizations									3a(II)
b	If "Yes" to 3a(ii), are the related organization	ons listed as required of	on Sched	ule R?						3b
4	Describe in Part XIII the intended uses of t	he organization's endo	owment f	unds						
Pa	rt VI Land, Buildings, and Eq									
	Complete if the organization	on answered "Yes	" to For	m 990, Par	t IV, line 1	1a See	Form	990, Pa	art X,	line 10
	Description of property	(a) Cost or other		(b) Cost or o		i	Accumulate		•	(d) Book value
		(investment)		(othe	er)	d€	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other				19,000		19	,000		
Total	. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, colur	nn (B), line 10	)(c) )			<u> </u>		

<b>つ</b>	$\sim$		$\sim$	$\sim$	1	7	7	$\sim$	$\neg$	
_		_	×	•	4	- 1	•	4	٠.	

Complete if the organization answered "Yes" to Form 990, Part IX, line 11b See Form 990, Part X, line 12 (of Nethode of Value in Biological value of East or end of Apart annies value (of Nethode of Value in Biological value of East or end of Apart annies value (of Nethode of Value in Biological value of East or end of Apart annies value (of Nethode of Value in Biological Value of East or end of Apart annies value (of Nethode of Value in Biological Value of East or end of Apart annies value (of Nethode of Value in Biological Value of East or end of Apart annies value (of Nethode of Value in Biological Value of East or end of Apart A (in East of Value in Biological Value of East or end of Value in Biological Value of E	Part VII	Investments—Other Securities.		20 0211173 Fa
		Complete if the organization answered "Yes" to	Form 990, Part IV, Iir	ne 11b See Form 990, Part X, line 12
(1) Financial derivatives (2) Closely-held equity interests (3) Closely-held equity interests (4) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			(b) Book value	
(2) Closery-held equity inferests (A) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(including name of security)		Cost or end-of-year market value
(3) Other				
A		eld equity interests		
(E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other			
(C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(A)			
(B) (B) (B) (B) (B) (B) (B) (B) (B) (B)	(B)			
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)			
Fig.	(D)			
(G) (H) Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	(E)			
Cotal (Column (b) must equal Form 990, Part X, cot (B) line 12 )   Part VII   Investments—Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13   (a) Mishhod al valuation Cost or end-of-year mobilet value   Co	(F)			
Total   Column (b) must equal Form 990, Part X, col (B) line 12   No.	(G)			
Investments—Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13	(H)			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13   Isj Description of investment   (b) Book value   Cost or end-drijean maken value	Total (Colum			
(1)	Part VIII	Investments—Program Related.		
(1)		Complete if the organization answered "Yes' to	Form 990, Part IV, Iir	ne 11c See Form 990, Part X, line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Block value (c) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Other Claibilities. (b) Federal income taxes (c) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(a) Description of investment	(b) Book value	(c) Method of valuation
(2)				Cost or end-of-year market value
(3)	(1)			
(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1	(2)			
(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1				
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(6)			1	
(7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (9) (9) (9) (9) (9) (9) (10) must equal Form 990, Part X, col (B) line 15)		· · · · · · · · · · · · · · · · · · ·		
(8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of liability (b) Book value (c) (1) Federal income taxes (c) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (c) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				
Gold   Column   (b) must equal Form 990, Part X, col   (B) line 13 ) ▶   Total (Column   (b) must equal Form 990, Part X, col   (B) line 13 ) ▶   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15   (b) Book value   (c)				
Total (Column (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of hisbility (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		nn (b) must equal Form 990, Part X, col (B) line 13 )		
(a) Description (b) Book value  (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (7) (9) (10) (10) (10) (10) (10) (10) (10) (10			<u> </u>	
(a) Description (b) Book value  (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (7) (9) (10) (10) (10) (10) (10) (10) (10) (10		Complete if the organization answered "Yes" to	Form 990, Part IV, Iir	ne 11d See Form 990, Part X, line 15
(2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶				······································
(2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	(1)			
(3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of liability (b) Book value (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶				
(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of hability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				
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(6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				
(7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				
(8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	(7)			_
(9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1 (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				
Total (Column (b) must equal Form 990, Part X, col (B) line 15 )           Part X         Other Liabilities.           Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25           1         (a) Description of liability         (b) Book value           (1) Federal income taxes         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (Column (b) must equal Form 990, Part X, col (B) line 25 )			-	
Part X         Other Liabilities.           Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25           1         (a) Description of liability         (b) Book value           (1) Federal income taxes         (2)           (3)         (4)         (5)           (6)         (7)         (8)           (9)         (2)         (3)           Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶         (3)		nn (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>
1 (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				
1 (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶		Complete if the organization answered "Yes" to	Form 990, Part IV, Iir	ne 11e or 11f See Form 990, Part X.
1 (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶			, ,	, ,
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	1	(a) Description of liability	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	(1) Federa	I income taxes		7
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				7
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				7
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				7
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				<b>-</b>
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶		W <del>-</del> 1		1
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				1
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶				†
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶				†
		on (b) must equal Form 990, Part X, col. (B) line 25 \		-
			otnote to the organization's	inancial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 Global Connections	20-82	41793	Page 4
Part XI Reconciliation of Revenue per Audited F	inancial Statements With Revenue	per Return	
Complete if the organization answered 'Yes	s" to Form 990, Part IV, line 12a		
1 Total revenue, gains and other support per audited financial sta	itements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII line 1	12		
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line	e 1		
a Investment expenses not included on Form 990, Part VIII, line 7	b <b>4a</b>		
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b	,	4c	
5 Total revenue Add lines 3 and 4c (This must equal Form 990, I	Part I, line 12)	5	
Part XII Reconciliation of Expenses per Audited	Financial Statements With Expense	s per Return.	
Complete if the organization answered "Yes	s" to Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX. line 25	5		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line	1		
a Investment expenses not included on Form 990, Part VIII line 7	b <b>4a</b>		
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c	

Part XIII Supplemental Information

Provide the descriptions required for Part II lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V line 4, Part X line

2 Part XI lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18)

20-8241793

Page 5

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16 ► Attach to Form 990 ► See separate instructions

▶ Information about Schedule F (Form 990) and its instructions is at www irs gov/form990

OMB No 1515-0047 2013

Open to Public Inspection

Employer identification number

Global Connections 20-8241793

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b

For grantmakers Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees agents and independent contractors in region	(d) Activities conducted in region (by type) (e g fundraising program services, investments grants to recipients located in the region)	(e) If activity listed in (d) is a program service describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Sub-Saharar	Africa		issuiss with region,		
(1)			Program Services	Care, Educate, Feed	181,600
Sub-Saharar	Africa				
(2)			Program Services	Missionary Support	2,200
South Amer	ca				
(3)			Program Services	Missionary Support	
Europe					·
(4)		-	Program Services	Missionary Support	
(5)					
(6)					
(7)					
(8)	4=1				
(9)					
(10)					
(11)					
(12)	··· •				
(13)					
(14)	- <del></del>				
(15)	· · · · · · · · · · · · · · · · · · ·				
(16)					
(17)					<u> </u>
3a Sub-total					183,800
b Total from continuation					
sheets to Part I		<u> </u>			
c Totals (add					
lines 3a and 3b)					183,800

Global Connections

Schedule F (Form 990) 2013

Page 2 (i) Method o." valuation (book FMV, appraisal Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance (g) Amount of Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed assistance (t) Manner of disbursement Checks Checks Checks cash 123,246 16,200 18,553 (e) Amount of cash grant Care, Educate, Feed Support (d) Purpose of Food and jobs grant Ministry Sub-Saharan Africa Sub-Saharan Africa (c) Region Kenya (b) IRS code section and EIN (if applicable) organization Part II (13) (1) 2 3 3 9 9 8 (8) 9 (10) (11) (12) (14) (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 7

Enter total number of other organizations or entities

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013 Global Connections
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed

rait ii cali de duplicateu ii additoliai space is iredeed	additional	המכב וא וובבחבח		(e) Manner of	(f) Amount of		(h) Method of
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	cash disbursement	non-cash assistance	(g) Description of non-cash assistance	(book FMV appraisal
							other)
(1) Missionary Support-Baker	Europe			Checks			
	Sub-Saharan	aran Africa					
(2) Missionary Support-Koch			2,200	Checks			
	Sub-Saharan	aran Africa					
(3) Missionary Support-Dixon			15,156	Checks			
	South America	merica					
(4) Missionary Support-Johnso				Checks			
	Sub-Saharan	aran Africa					
(5) Missionary Support-Variou			3,945	Checks			
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)	,						
(14)							
(15)							
(16)							
(17)							
(18)							
						Schedule	Schedule F (Form 990) 2013

for Form 5713)

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...

Schedule F (Form 990) 2013

Yes

X No

#### Part V Supplemental Information

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds LCC funds accountability:

Funds directed to support, grow, and maintain the Limuru Children's Centre(LCC) are deposited into an account maintained by LCC board director, Linda Richmond. On a monthly basis Patrick Mungai, the Childern's Centre director, submits to Mrs. Richmond a detailed spreadsheet and receipts of expenses for the previous month and requests for funds to operate the upcoming month. The LCC is annually audited by a 3rd party auditor in Kenya as well as by Global Connections staff during annual visits.

Part I, Line 3 - Activities per Region

Region	Exp	penditures	Investments		
Sub-Saharan Africa	\$	181,600	\$	0	
Sub-Saharan Africa	\$	2,200	\$	0	
South America	\$	0	\$	0	
Europe	\$	0	\$	0	

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection

Name of the organization

Global Connections

Employer identification number 20 - 8241793

Form 990 - Organization's Mission

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 from the world's marginalized people.

Form 990, Part III, Line 4a - First Accomplishment 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 Accomplishment
Global Connections has agreed to temporarily assist Imagine 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.

Imagine desires to begin to reshape the idea of the gospel in the minds of Latin Americans 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.

Other program services include support for Haiti Relief, child sponsorship

Global Connections

Employer identification number

20-8241793

and scholarships for children in Africa, the Mosaic Project Ministry, the Ngushishi Water Project and other projects that further the Global Connection mission.

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 11b - Organization's Process to Review Form 990 Returns and attachments are reviewed by directors and executive officers prior to filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available to the public on request.

chedule O (Form 990 or 990-EZ) (2013) Pag							
Name of the organization	Employer identification number						
Global Connections	20-8241	793					
Form 990, Part XI, Line 9 - Reconciliation of Changes -	Other						
Prior year adjustments	\$	0					
Book / Tax Depreciation Difference	\$	-1,632					

DAA

Form **4562** 

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions

► Attach to your tax return

There are no amounts for Page 2

Attachment Sequence No

179

Name	s) shown on return	l Connection	n e				ntifying num ) – 824	
0	ess or activity to which this form relates	<u> comiceeror</u>	13				7-02-1	1175
	ndirect Deprecia	tion						
			perty Under Section	n 179		<del></del>		
, ,	•		, complete Part V		omnlete Par	ł I		
1	Maximum amount (see instruction		, complete rait v	before you c	ompiete i ai		1	500,000
2	Total cost of section 179 proper	•	ie instructions)				2	300,000
3	Threshold cost of section 179 pr			uctions)			3	2,000,000
4	Reduction in limitation Subtract	• •	•	uctions)			4	2,000,000
5	Dollar limitation for tax year Subtract		· ·	filma senarately	see instructions		5	· · · · · · · · · · · · · · · · · · ·
6		tion of property		Cost (business use	1	) Elected co		
			, , , , , , , , , , , , , , , , , , ,		- 7,			
					<del></del>			
7	Listed property Enter the amou	nt from line 29	······		7			
8	Total elected cost of section 179		ts in column (c) lines 6	and 7			8	<u> </u>
9	Tentative deduction Enter the s		,	J. G.			9	
10	Carryover of disallowed deduction						10	
11	Business income limitation Enti	•		an zero) or line	5 (see instruction	ns)	11	
12	Section 179 expense deduction		,	•	(000	,	12	
13	Carryover of disallowed deduction			<b>&gt;</b>	13			
	Do not use Part II or Part III bel		<del></del>		· · · · · · · · · · · · · · · · · · ·			
Pa	art II Special Deprecia	ation Allowance a	nd Other Deprecia	ation (Do no	ot include list	ed pro	perty ) (	See instructions )
14	Special depreciation allowance							
	during the tax year (see instruct						14	
15	Property subject to section 168(	f)(1) election					15	
16	Other depreciation (including AC	CRS)					16	
Pa	art III MACRS Deprecia	ation (Do not inclu	ide listed property	(See instru	ctions)		•	
			Section A					
17	MACRS deductions for assets p	placed in service in tax	years beginning before	2013			17	1,851
18	If you are electing to group any assets place	ced in service during the tax yo	ear into one or more general as	set accounts check	here	<b>&gt;</b>		
	Section B-	-Assets Placed in Se	rvice During 2013 Tax	Year Using th	e General Depi	eciation	System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) M	ethod	(g) Deprec ation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
	15-year property							
f	20-year property							
g	25-year property			25 yrs			S/L	
h	Residential rental			27 5 yrs	MM		S/L	
	property		.,,	27 5 yrs	MM	5	S/L	
1	Nonresidential real	<u>.</u>		39 yrs	MM	5	S/L	
	property	<u>.</u>			MM		S/L	
	Section C—/	Assets Placed in Serv	ice During 2013 Tax Y	ear Using the	Alternative Dej	oreciatio	on Syster	n
<u>20a</u>	Class life						S/L	<del></del> .
b	12-year			12 yrs			S/L	
	40-year			40 yrs	MM		S/L	
_Pa	art IV Summary (See in	nstructions)					,	
21	Listed property Enter amount fr						21	
22	Total Add amounts from line 12						l l	
	and on the appropriate lines of y				s		22	1,851
23	For assets shown above and pla	•	he current year, enter ti	ne				
_	portion of the basis attributable				23			
For	Paperwork Reduction Act Notic	e, see separate instru	ictions.					Form 4562 (2013