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DLN: 93493212008745

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A F	or the	2014 ca	lendar year, or tax year beginning	g 01-01-2014 ,and ending 12-31	-2014			
_		pplicable	C Name of organization GLOBAL ADVANCE INC			D Emplo	yer ident	tification number
_	dress ch	-				75-23	332727	
	me cha	_	Doing business as					
•	tıal retu	m	Number and street (or P.O. hov if m	nail is not delivered to street address) Ro	om/suite	E Teleph	one numb	er
Fir		minated	P O BOX 742077	idii is not delivered to street address) Ro	om/ suite	(972)	771-90	042
┌ An	nended	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code				
ГАр	plication	n pending	DALLAS, TX 75374			G Gross i	eceipts \$	4,125,551
			F Name and address of prir	ncipal officer	H(a) I	s this a group	return f	or.
			JONATHAN SHIBLEY PO BOX 742077	•		ubordinates?	recuiii	┌ Yes ┌ No
			DALLAS,TX 753742077		Н(b) д	re all subord	nates	ΓYes Γ No
						ncluded?		
I Ta	ıx-exem	npt status	✓ 501(c)(3)	insert no) 4947(a)(1) or 527	I	f "No," attach	alıst (see instructions)
J W	ebsite	e: 🕨 ww	w globaladvance org		H(c)	Group exempt	ion num	ber ►
K For	m of or	ganızatıor	Corporation Trust Associatio	n	L Year	of formation 19	90 M S	State of legal domicile TX
Pa	rt I	Sun	nmary		·		·	
Governance		Global <i>A</i> national		on or most significant activities : Commission of Jesus Christ to g Gospel and plant churches among				
50. 50.	2	Check t	his box 🛏 if the organization di	scontinued its operations or dispo	sed of more th	an 25% of its	net ass	ets
	l						1 . 1	
Activities &	1			ing body (Part VI, line 1a) of the governing body (Part VI, lin			3 4	8
Ē	1			calendar year 2014 (Part V , line 2			5	10
Ą				ecessary)	-		6	
	7a -	Total ur	related business revenue from P	art VIII, column (C), line 12 .			7a	0
	ь	Net unre	elated business taxable income f	rom Form 990-T, line 34	<u> </u>		7b	
						Prior Year 1,880,		2,724,867
<u>a</u>	8			nutions and grants (Part VIII, line 1h)				
Rayenue	9 10		am service revenue (Part VIII, II tment income (Part VIII, columr	147,	103	61,618		
æ	11			lines 5, 6d, 8c, 9c, 10c, and 11e			144	-511
	12	Total	revenue—add lines 8 through 11					
	13			TV		2,028,		2,785,974
	14			IX, column (A), lines 1-3) X, column (A), line 4)		640,	519	985,170
	15		·	ee benefits (Part IX, column (A), li		701,	441	986,626
8		5-10	•			701,	+41	·
Expenses	16a			column (A), line 11e)				0
핓	b	Total f	undraising expenses (Part IX, column (D), line 25) • 205,724				_
	17			lines 11a-11d, 11f-24e)		536,	_	660,803
	18 19			st equal Part IX, column (A), line 18 from line 12		1,878, 149,	_	2,632,599 153,375
Net Assets or Fund Balances	19	Revei	ide less expelises Subtract line	10 HOHE HIE 12		nning of Curre Year		End of Year
SS et al.	20	Total	assets (Part X, line 16)			4,167,	748	4,387,569
4 5 E	21	Total	liabilities (Part X, line 26)			15,	363	4,288
	22			line 21 from line 20		4,152,	385	4,383,281
Unde my k	nowled arer ha	alties of dge and as any k	belief, it is true, correct, and con nowledge *** ature of officer	amined this return, including acco nplete Declaration of preparer (ot				
ner	C		ATHAN SHIBLEY President/Dir e or print name and title					
		<u> </u>	Print/Type preparer's name	Preparer's signature Larry D Gillilan	Date	Check 🔽 ıf	PTIN	
Pai	d	<u> </u>	Larry D Gillilan Firm's name		self-employed	P004457	710	
	pare Onl	er	Firm's address • 12655 N CENTRAL EXP		r's EIN ►• ne no (972) 851-7990			

DALLAS, TX 752431700

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes ☐ No

Form	990 (2014)					Page
Par		ent of Program Serv Schedule O contains a resp	-		ı	
1	Briefly describe	the organization's mission	1			
					lisciples of all nations by empo aging the Church to reach its f	
2	Did the organiza the prior Form 99	tion undertake any signific 90 or 990-EZ?		ervices during the year v		┌ Yes ┌ No
	If "Yes," describ	e these new services on S	chedule O			
3	services?	tion cease conducting, or i		<u> </u>	ducts, any program · · · · · · · · · ·	┌ Yes ┌ No
_	,	e these changes on Sched				
4	expenses Section		l) organızatıon	s are required to report	ee largest program services, as the amount of grants and alloca	
4a	(Code) (Expenses \$	1,768,155	ıncludıng grants of \$	755,367) (Revenue \$)
	Religious organizat	tion providing training and mater	als to church lead	lers in developing nations	· ·	
4b	(Code) (Expenses \$	327,556	ıncludıng grants of \$	244,945) (Revenue \$)
	Support Christians	ın East Asıa wıth food, aıd, Bıble	s, and discipleship	materials		
4c	(Code) (Expenses \$	87,057	ıncludıng grants of \$	37,658) (Revenue \$)
	Support Christians	in the Middle East and providing	aid and Bibles to	refugees		
4d	Other program	services (Describe in Sch	edule O)			

) (Revenue \$

including grants of \$

2,182,768

(Expenses \$

Total program service expenses ▶

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
LO	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^{\bullet}	10		No
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part χ^{*}	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	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	Yes	
L6	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	Yes	
L7	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		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
L9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
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	38	Yes	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Concession Contession of Properties of National County and Contession of Cont		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	The rest, to line 3a of 3b, did the organization me rolline 8000-17.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter Introduce for any description of the section of the sect			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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	Yes	
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		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νο
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	Yes	
	organization's maining address. It less, provide the hames and addresses in schedule 0		1 03	
Se		_		e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_		e.) No
		_	ıe Cod	
10a	Did the organization have local chapters, branches, or affiliates?	evenu	ıe Cod	No
10a b	Did the organization have local chapters, branches, or affiliates?	evenu 10a	ıe Cod	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website V 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 interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Naomi Shibley
 - 2313 Ridge Road Suite 101

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

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	c , office Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAVID SHIBLEY Founder/Dir	40 00	х						84,275	0	38,000
(2) TODD LANE VP/Director	0 00	Х		х				0	0	0
(3) JON TRYGGESTAD Secy/Trea/Dir	0 00	х		х				0	0	0
(4) JIM BLACKBURN Chairman/Dir	0 00	х						0	0	0
(5) NAOMI SHIBLEY Director	40 00 0 00	Х						36,750	0	0
(6) LORIANN BIGGERS Director	0 00	Х						0	0	0
(7) DWAYNE STOLTZFUS Director	0 00	Х						0	0	0
(8) JONATHAN SHIBLEY President/Dir	40 00	х		х				70,444	0	45,750
(9) DR SALLY KNOX-WITT Director	0 00	х						0	0	0
(10) TROY HENRY Director	0 00	х						0	0	0
(11) DALE O'SHIELDS Director	0 00	х						0	0	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total		
C	Total from continuation sheets to Part VII, Section A		
d	Total (add lines 1b and 1c)	191,469	83,750

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Takal anada a sendara da karandara karandara karandara karandara karandara karandara karandara da karandara da	and a second second bloom	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

art VII		Statement of						
		Check IT Schedu	le O contains a respor	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	aıgns 1a					
and Other Similar Amounts	b	Membership due	s 1b					
3 6		Fundraising eve						
, Z								
5.Ē	d	Related organiza						
<u> </u>	е	Government grants	(contributions) 1e					
5 2	f	All other contribution similar amounts not	ns, gifts, grants, and 1f	2,724,867				
and Other Similar Amounts	g	Noncash contribution		192,680				
9	_	1a-1f \$						
] B (h	Total. Add lines	1a-1f	· · · •	2,724,867			
<u>a</u>				Business Code				
Program Serwce Revenue	2a							
<u> </u>	b							
ပ ိ	c		_					
<u>.</u> ≥	d							
ණ ⊑	e							
틴	f	All other program	n service revenue					
إ يَرْ								
	g		2a-2f		0			
	3		me (including dividendraments)		68,831			68,83:
	4		ment of tax-exempt bond		0			
	5	Royalties		▶	0			
		Γ	(ı) Real	(II) Personal				
	6a	Gross rents	16,200					
	b	Less rental	13,120					
	c	expenses Rental income	3,080					
	- ا	or (loss)	ne or (loss)		3,080			3,080
	d	Net rental incom	(ı) Securities	(II) Other	3,000			3,000
	7a	Gross amount	(i) Securities	(II) Other				
	,	from sales of assets other	1,313,483					
		than inventory						
	b	Less cost or other basis and	1,320,696					
	c	sales expenses Gain or (loss)	-7,213					
	d	L	s)		-7,213	-7,213		
2		Gross income freevents (not inclu-	om fundraising					
		\$ of contributions See Part IV , line	reported on line 1c)					
	ь	Less direct exp						
;			oss) from fundraising	events 🛌	o			1
			om gaming activities	·				
	h	Loca dimantari	a oncoc h					
		Less direct exp	enses b oss) from gamıng actı	vities	0			
		Gross sales of I	i					
1		returns and allow						
			а	2,170				
	b	Less cost of go	ods sold b	5,761]
	С		oss) from sales of inve		-3,591			-3,59:
		Miscellaneous	Revenue	Business Code]
1	l1a							
	b							
	c							
	d	All other revenu	e					
	e	Total. Add lines	11a-11d	🕨				
	L2	Total reverse C	ee Instructions	. }	0			
1.4		. Jear levellue, 3	CC INSCIUCLIONS .					

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	559,397	559,397		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	425,773	425,773		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	275,219	211,589	22,050	41,580
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	Other salaries and wages	707,245	533,126	98,342	75,777
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	4,162		4,162	
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	12,100		12,100	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	14,256		14,256	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,517		2,397	120
12	Advertising and promotion	0			
13	Office expenses	4,032		3,647	385
14	Information technology	0			
15	Royalties	0			
16	Occupancy	10,895	4,424	6,471	
17	Travel	127,595	111,757	3,841	11,997
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	22,718	13,506	9,212	
23	Insurance	86,718	58,235	20,665	7,818
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	Frontline programs	136,730	136,730		
b	Frontline leadership resources	41,123	41,123		
c	Development	37,868			37,868
d	Printing and Publications	36,322	19,651	1,941	14,730
e	All other expenses	127,929	67,457	45,023	15,449
25	Total functional expenses. Add lines 1 through 24e	2,632,599	2,182,768	244,107	205,724
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X $$. $$.			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	63,548	1	256,305
	2	Savings and temporary cash investments	1,950,955	2	1,972,479
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	0
4ssets	6	Loans and other 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) Complete Part II of Schedule L		6	0
Š	7	Notes and loans receivable, net	64,957	7	125,957
₫	8	Inventories for sale or use	22,054	8	16,436
	9	Prepaid expenses and deferred charges	9,253	9	9,377
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 799,896	·		0,011
	ь	Less accumulated depreciation 10b 372,114	447,469	10c	427,782
	11	Investments—publicly traded securities	1,474,896	11	1,439,078
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets	614	14	966
	15	Other assets See Part IV, line 11	134,002	15	139,189
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,167,748	16	4,387,569
	17	Accounts payable and accrued expenses	12,710	17	1,915
	18	Grants payable	,	18	<u>, , , , , , , , , , , , , , , , , , , </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
Liabili		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,653	23	2,373
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	15,363	26	4,288
^ Ф		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.	·		· · ·
Assets or Fund Balance	27	Unrestricted net assets	4,152,385	27	4,274,029
	28	Temporarily restricted net assets		28	109,252
<u>-</u>	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
о О	30	Capital stock or trust principal, or current funds		30	
Ď	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž Ž	33	Total net assets or fund balances	4,152,385	33	4,383,281
Z	34	Total liabilities and net assets/fund balances	4,167,748	34	4,387,569
			., , . 10		Form 990 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,7	785,974
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,6	32,599
3	Revenue less expenses Subtract line 2 from line 1	3			153,375
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			152,385
5	Net unrealized gains (losses) on investments	5			-56,745
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	134,266
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,3	383,281
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
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?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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.

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

Open to Public Inspection

Employer identification number GLOBAL ADVANCE INC 75-2332727 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Part II 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,659,791 1,644,335 1,631,573 1,880,977 2,825,619 9,642,295 include any "unusual grants ")

1,644,335

1,631,573

1,880,977

2,825,619

1,659,791

2 Tax revenues levied for the

behalf

13

14

15

organization

instructions

supported organization

paid to or expended on its

3 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

Section C. Computation of Public Support Percentage

Public support percentage for 2013 Schedule A, Part II, line 14

Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

organization's benefit and either

6	(f) Public support. Subtract line 5 from line 4						8,820,920
S	ection B. Total Support		•				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,659,791	1,644,335	1,631,573	1,880,977	2,825,619	9,642,295
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,654	74,784	72,338	126,771	17,073	367,620
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	4,689	4,879	6,339	4,297	2,170	22,374
11	Total support Add lines 7 through 10						10,032,289
12	Gross receipts from related activities	es, etc (see inst	ructions)			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)

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14

b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

14

15

0

9,642,295

821.375

87 930 %

85 160 %

▶▼

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation
Support Schedule Other Income	The other income consist of income from the sale of religious books related to the ministry of the
Explanation	Organization

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493212008745

OMB No 1545-0047

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.

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

Open to Public

	me of the organization DBAL ADVANCE INC			oloyer identification number
Da	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar		2332727 or Accounts Complete if the
-	organization answered "Yes" to Form 99		i uiius	or Accounts. Complete in the
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
<u> </u>	Aggregate value of contributions to (during year)			
}	Aggregate value of grants from (during year)			
ļ	Aggregate value at end of year			
•	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			rsed Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit?			
a	rt III Conservation Easements. Complete	ıf the organization answered "Yes	" to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization hele	on or education) Preservation of Preservation of	a certifie	ncally important land area d historic structure n of a conservation
	easement on the last day of the tax year			U-14 -4 4b - 5-4 -6 4b - V
_	Total number of conservation easements		2a	Held at the End of the Year
a b	Total acreage restricted by conservation easements		2a 2b	
c	Number of conservation easements on a certified his		2c	
d	Number of conservation easements included in (c) a historic structure listed in the National Register	, ,	2d	
	Number of conservation easements modified, transfe	erred, released, extinguished, or termin	ated by th	ne organization during
	the tax year 🛌	, , , ,	,	J J
	·			
	Number of states where property subject to conserv			
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		andling of	Yes No
,	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing conservation eas	sements o	during the year
	<u> </u>			
,	Amount of expenses incurred in monitoring, inspecti	ing, and enforcing conservation easeme	nts durin	g the year
	▶ \$			
	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of s	section 17	70(h)(4)(B)(ı) Yes No
)	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financ		
ar	t III Organizations Maintaining Collection Complete if the organization answered			her Similar Assets.
a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as service, provide, in Part XIII, the text of the footnot	sets held for public exhibition, educatio	n, or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as service, provide the following amounts relating to the	sets held for public exhibition, educatio		
	(i) Revenue 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, hist following amounts required to be reported under SFA			• •
a	Revenue included in Form 990, Part VIII, line 1			▶ \$
b				▶ \$
_	Assets included in Form 990, Part X			F >

Part	Organizations Maintaining Col	lections of Art,	, His	tori	<u>cal Tr</u>	easu	<u>res, or Oth</u>	<u>er Similar Ass</u>	ets (co	ontinued)
3	Using the organization's acquisition, accession collection items (check all that apply)	on, and other record	ds, ch	neck	any of t	he follo	wing that are	a significant use o	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progran	าร		
b	Scholarly research		e	Γ	Other	-				
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and explai	n hov	w the	y furthe	r the o	rganızatıon's	exempt purpose ın	l	
5	During the year, did the organization solicit o								_	_
Do	assets to be sold to raise funds rather than to							, ,	Yes	☐ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						answered	res to ronn 95	,	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?						r other asset	s not	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII	and complete the	follov	wing t	able					
								Amo	ount	
C	Beginning balance						10	:		
d	Additions during the year						10			
е	Distributions during the year						16	+		
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21,	for e	scrow o	rcusto	dıal account	liability?	Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII									<u> </u>
Pa	rt V Endowment Funds. Complete if									
1a	Beginning of year balance	(a)Current year	(b) Prior	year	b (c)⊺w	o years back (d)Three years back	(e)Four y	ears back
b	Contributions									
c	Net investment earnings, gains, and losses									
_										
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (lır	ne 1g	, colum	n (a)) h	eld as			
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
3a	Are there endowment funds not in the posses	sion of the organiza	tion	that	are held	d and a	dmınıstered fo	or the		
	organization by							3-/:	Yes	No
	(i) unrelated organizations		•	•				3a(i 3a(ii		
ь	If "Yes" to 3a(II), are the related organization							3b	1	<u> </u>
4	Describe in Part XIII the intended uses of the	e organization's end	dowm	ent f	unds				_	<u> </u>
Par	t VI Land, Buildings, and Equipme		he o	rgan	ıızatıor	n answ	ered 'Yes' t	o Form 990, Par	t IV, lı	ne
	11a. See Form 990, Part X, line 1 Description of property	U.			a) Cost o		(b) Cost or other)		(d) B	ook value
4 -	-nd			+		100.000	24.11	20		101 101
	and			-		100,000	81,18		1	181,180
	Buildings		•	-			284,07	<u> </u>		166,925
	Equipment		•	-			137,66	<u> </u>		55,247 13,961
	7 Hb			-			112,83	-	-	10,469
	I. Add lines 1a through 1e <i>(Column (d) must e</i> q			ımn (B), line	10(c).)			-	427,782
	, , ,	•		•		. , ,		Schedule D	(Form 9	

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Co	mplete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	a answered 'Ves' to Form O	20 Part IV line 11d See Form 000 Part V line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the orga		to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of the property of the	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	inization answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ınızatıon answered 'Yes'	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	Return Complete If
1	Total revenue, gains, and other support per audited financial statements	1	2,729,229
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -56,745	:	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	-56,745
3	Subtract line 2e from line 1	3	2,785,974
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,785,974
Part	Reconciliation of Expenses per Audited Financial Statements With Expense if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per	Return. Complete
1	Total expenses and losses per audited financial statements	1	2,632,599
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		· · ·
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,632,599
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,632,599
Pari	Supplemental Information		
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t rmation		de any additional
	Return Reference Explanation		

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493212008745

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

| | '

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization GLOBAL ADVANCE INC				Employer identi	fication number
SEO BITE IN OUT THE				75-2332727	
	mation on Activitie 90, Part IV, line 14b.		ne United States. Co	omplete if the organiza	ition answered
1 For grantmakers. Doe and other assistance, used to award the gran	the grantees' eligibili	ty for the gran	its or assistance, and	the selection criteria	▽ Yes
2 For grantmakers. Des assistance outside the		ganızatıon's pı	rocedures for monitori	ng the use of its grants	s and other
3 Activites per Region (Th	e following Part I, line 3	table can be du	uplicated if additional spa	ce 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
(1) See Add'l Data		,			
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation s to Part I	heets				425,773
c Totals (add lines 3a and)	3b)				425,773

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. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
			l	l .	l			l .

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

10

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if additio	nal space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Bible ditributions	Mıddle East & North		1,500	Wire transfers			
(2) Cash support to train/educate churc	East Asia & Pacific		30,000	Wire transfers			
(3) Cash support to train/educate churc	East Asia & Pacific		30,000	Wire transfers			
(4) Cash support to train/educate churc	Russia/Neighboring S		4,000	Wire transfers			
(5) Cash support to train/educate churc	Russia/Neighboring S		4,600	Wire transfers			
(6) Cash support to train/educate churc	South Asıa		12,150	Wire transfers			
(7) Cash support to train/educate churc	Sub-Saharan Africa		1,000	Wire transfers			
(8) Cash support to train/educate churc	Sub-Saharan Africa		2,000	Wire transfers			
(9) Cash support to train/educate churc	Sub-Saharan Afrıca		2,500	Wire transfers			
(10) Cash support to train/educate churc	Sub-Saharan Afrıca		6,500	Wire transfers			
(11) Church planting	East Asia & Pacific		1,145	Wire transfers			
(12) Humanıtarıan - Refugee Aıd	Mıddle East & North		1,800	Wire transfers			
(13) Humanıtarıan - Refugee Aıd	Mıddle East & North		599	Wire transfers			
(14) Humanıtarıan Relief	East Asia & Pacific		6,500	Wire transfers			
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	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)	Г	Yes	⊽	Νo
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; do not file with Form 990)	Г	Yes	▽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	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; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

Part V Supplemental Information

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

Return Reference	Explanation		
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	Reports documenting the use of funds are received from the recipients and on occasion, ins pection trips are made by staff members of the Organization to monitor the success of the activities conducted by the recipients of the funds		

Return Reference	Explanation
Part I, Line 3f - Method of Accounting	Accrual method of accounting

Return Reference	Explanation
Part I, Line 3f - Investments and Expenditures	The contributions are cash contributions for the purpose of training local pastors and church leaders to plant churches and to assist the leaders to build churches in their area

Return Reference	Explanation
Part III, Line 1 - Estimated Number of Recipients	The cash is paid to one individual for a particular location but there are multiple locations within a region and many individuals benefit from the utilization of the cash because the individuals are pastors and church leaders receive training to plant churches and develop church leaders

Additional Data

Software ID: 14000265

Software Version: 2014v5.0

EIN: 75-2332727

Name: GLOBAL ADVANCE INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
South Asia	0	0	Program services	Training church leaders	41,680
Sub-Saharan Africa	0	0	Program services	Training church leaders	30,550
Russia/Neighboring States	0	0	Program services	Training church leaders	8,600

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
East Asia and Pacific	0	0	Program services	Training church leaders	264,543
Europe	0	0	Program services	Training church leaders	4,000
Middle East & North Africa	0	0	Program services	Training church leaders	76,400

Form 990 Schedı	ıle F Part II	- Grants or Entiti-	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		East Asia & Pac	Bible distribution	6,000	Wire transfe			
		East Asia & Pac	Bible distributions	8,000	Wire transfe			
		East Asia & Pac	Humanıtarıan	21,240	Wire transfe			
		East Asia & Pac	Humanıtarıan	23,625	1			

Form 990 Schedi	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(d) Purpose of grant (e) A mount of (f) N cash dr		(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		East Asia & Pac	Humanıtarıan	65,600	Wire transfe			
		East Asia & Pac	Humanıtarıan	9,600	Wire transfe			
		Mıddle East & N	Humanıtarıan	7,000	Wire transfe			
		South Asia	Train church leader	29,530	Wire transfe			

, Form 990 Scheau	ie F Part II	- Grants or Entitle	s Outside The Un	ited States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN(if applicable) (c) Region		(d) Purpose of grant	Purpose of grant (e) A mount of cash grant		(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Afr	Train church leader	6,000	Wire transfe			
		Sub-Saharan Afr	Train church leader	7,000	Wire transfe			
4								,

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(Form 990)

DLN: 93493212008745

OMB No 1545-0047

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

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

Open to Public

Department of the Treasury

Internal Revenue Service	F IIII OIII IA CIC	on about Schedule I (Fo	rm 990) and its instruct	ions is at <u>www.irs.gov/</u>	<u> 101111990</u> .		Tuspection
Name of the organization						Employer identification	on number
GLOBAL ADVANCE INC						75-2332727	
Part I General Information	on on Grants and	d Assistance					
Does the organization maintain the selection criteria used to avDescribe in Part IV the organization	ward the grants or as	sistance?			_	•	▼Yes 「N
Part II Grants and Other A Form 990, Part IV, lin							es" to
						(h) Purpose of gran or assistance	
See Additional Data Table							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	17
3	Enter total number of other organizations listed in the line 1 table.	0

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

Additional Data

Software ID: 14000265

Software Version: 2014v5.0

EIN: 75-2332727

Name: GLOBAL ADVANCE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Amazon Ministries InternationPO Box 88 Elm Springs, AR 72728	71-0862245	501(c)3	15,000	0			Train missionaries and pastors

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Beyond Borders Ministries 8305 Delaware St NE Albuquerque,NM 87110	52-2449750	501(c)3	6,000	0			Humanıtarıan relief			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Calvary Ministries-CAPRO USA312 Marshall Ave Ste 1010 Laurel, MD 20707	36-4406559	501(c)3	16,500	0			Train missionaries and pastors		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Catalysts Inc1685 H St PMB 620 Blaine, WA 98230	84-1377404	501(c)3	9,175	0			Humanıtarıan relief		

Form 990, Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Christian Ministries in Afric 905 Cleveland Ave Snohomish, WA 98290	31-1679326	501(c)3	30,000	0			Train missionaries and pastors			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
European InitiativePO Box 772 Colleyville,TX 76034	74-3197705	501(c)3	7,000	0			Train missionaries and pastors		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Global Advance Foundation 2313 Ridge Road Rockwall,TX 75032	27-0445659	501(c)3	80,000	0			Train missionaries and pastors		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Greenbrier Church VA1101 Volvo Pkwy Chesapeake,VA 23320	57-1163857	501(c)3	20,000	0			Train missionaries and pastors			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
International Missions NetworPO Box 270996 Flower Mound,TX 75027	75-2263245	501(c)3	29,742	0			Train missionaries and pastors		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Joshua NationsPO Box 745728 Arvada,CO 80006	14-1429445	501(c)3	20,000	0			Train missionaries and pastors			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Kings Park International Chur PO Box 13892 Durham, NC 27709	56-1493950	501(c)3	17,456	0			Train missionaries and pastors			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Latin EquipPO Box 794141 Dallas,TX 75379	75-2347977	501(c)3	7,000	0			Train missionaries and pastors			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Pioneering with Passion102 Hazel Path Suite 6E Hendersonville,TN 37075	45-5150268	501(c)3	5,600	0			Humanıtarıan relief		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Prayer Focus MinistriesPO Box 7273 Natchitoches,LA 71457	72-1487086	501(c)3	13,350	0			Train missionaries and pastors			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RBC MinistriesPO Box 2222 Grand Rapids, MI 49501	38-1613981	501(c)3	7,000	0			Humanitarian relief		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Tell Asia Ministries12650 W 64th Ave 245 Arvada,CO 80004	62-1718896	501(c)3	10,000	0			Train missionaries and pastors		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
The Solutions Foundation 3225 N Grapevine Mills 4214 Grapevine,TX 76051	46-3839970	501(c)3	263,000	0			Train missionaries and pastors		

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DLN: 93493212008745

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

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

Open to Public Inspection

Name of the o								1	Employ	er ident	ificatio	n numbe	r
GLOBAL ADVANCE	INC								75-23	32727			
Part I Exc	ess Benefit	Transa	ctions	s (section	501(c)(3),	section 501(c	:)(4), and 501				only)		
	plete if the org											40b	
1 (a) Nan	ne of disqualifie	ed person	(b) F	Relations	nıp between	disqualified	(c) Desc	ription	of tra	nsaction	1	(d) Cor	rected?
				person	and organız	ation						Yes	No
4958. 3 Enter the Part II Loans to a Complete if the	amount of tax amount of tax, nd/or From ne organization mount on Form	if any, on Interes	sted F	above, rei Persons on Form 9	mbursed by	the organizati	on	. <u>`</u> .	· ·	▶ \$		anızatıoı	n
(a) Name of interested person	(b) Relations with organiza	ation Purp	(c) ose of oan	(d) Loar or from organizat	the	(e)Original principal amount	(f) Balance due	(g) defa		(h) A ppro by boai	ved rd or	(i)Wri agreen	
				То	From			Yes	No	Yes	No	Yes	No
										_			
Total		<u> </u>											
	ants or Ass mplete if the						art IV. line 2	27.					
(a) Name of perso	interested	(b) Relation	nship b	between and the		t of assistance			istanc	:e (e)) Purpo:	se of ass	sistance

Part IV Business Transactions I Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction		(e) Sha of organiz revenu	ation's
(1) Troy Henry	Director		Joint ownership of R/E		No

P	art V Supplemental Inform	formation				
	Provide additional information for responses to questions on Schedule L (see instructions)					
	Return Reference	Explanation				

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493212008745

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Open to Public Inspection

Name of the o	rganızatıon
GLOBAL ADVANC	E INC

Employer identification number

75-2332727

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermını	_	:s
1	Art—Works of art			<u>_</u>				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	5	192,680	Stock Exchange			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ► () Other ► ()							
	Other ► ()							
	Number of Forms 8283 received	by the orga	nization during the tax yea	r for contributions				
	for which the organization comple				29			
							Yes	No
30a	During the year, did the organiza							
	it must hold for at least three ye			·	red to be used			
	for exempt purposes for the enti	re holding p	period?			30a	\rightarrow	No
b	If "Yes," describe the arrangem	ent in Part 1	Ι					
31	Does the organization have a gi					31 Y	<u>res</u>	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell	noncash • • •	32a		No
ь 33	If "Yes," describe in Part II If the organization did not repor describe in Part II	t an amount	ın column (c) for a type of	property for which column (a) ıs checked,			
	describe in Fail II						\bot	

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Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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As Filed Data -

DLN: 93493212008745

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization GLOBAL ADVANCE INC	Employer identification number
	75-2332727

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	David Shibley David Shibley is the chairman of the board of the Organization. He serves with his wife, Naomi Shibley (a director) and his son, Jonathan Shibley (an officer and director) Naomi Shibley Naomi Shibley is a director of the Organization and serves with her husband, David Shibley, and her son, Jonathan Shibley, who are officers and directors of the Organization Jonathan Shibley Jonathan Shibley is a director and the president of the Organization and he serves with his father, David Shibley, (the chairman of the board) and with his mother, Naomi Shibley, (a director)

Return Reference	Explanation
	Mr Todd Lane500 South Nolan Drive, Ste 300Southlake, TX 76092Mr Jon Tryggestad600 East John Carpenter Fwy, Ste 130Irving, TX 750062Dr Sally Knox-Witt381 Casa Linda Plaza, #159Dallas, TX 75218Mr Troy HenryThe Henry Group, Inc PO Box 8246Greenville, TX 75404Rev Dale O'ShieldsChurch of the Redeemer19425 Woodfield Rd Gaithersburg, MD 20879Jim Blackburn305 Terry DrivePlano, TX 75023LoriAnn Biggers1180 Adams LaneSouthlake, TX 76092Dw ayne Stoltzfus550 East 15th St Plano, TX 75074

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	The Form 990 is prepared by an independent certified public accounting firm. After the Form 990 is prepared, a draft of Form 990 is provided to a designated member of the finance committee (the "Tax Coordinator") for review. The Tax Coordinator reports to the CPA firm if there are any corrections that should be made to the Form 990 and after the Tax Coordinator and the CPA firm determines the Form 990 is correct, the CPA firm produces copies of the Form 990 and the copies are circulated to each member of the governing body for review and comments. Each member of the governing body is instructed to submit questions or comments to the finance committee or to the CPA firm. Each member of the governing body is instructed to inform a member of the finance committee that he or she has reviewed the Form 990 and all questions and comments, if any, have been addressed. Once all questions and comments from the governing body have been resolved, the Form 990 is presented to the president of the Organization for signature and filing with the Internal Revenue Service.

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Organization circulates the conflict of interest policy to the directors, officers, and employees of the Organization annually and each person is requested to review the policy and to report to the Organization if they have engaged in any activity that would be considered a conflict of interest

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The Compensation Committee is a standing committee of the board. It shall assist the board in fulfilling its responsibility to oversee the compensation and benefits of the organization's executives. The committee will be appointed by, and shall serve at the discretion of the board. It will consist of not fewer than two members of the board, with the exact number being determined by the board. Unless a committee chair is designated by the board, the committee may designate a chair. The committee shall be comprised of independent board members. No member may serve on the committee if they have a bias regarding the compensation process or its outcome. The assessment of board member independence will include noneconomic factors, such as close personal relationships between potential board members and senior management, and donor/donee relationships. The committee shall establish a schedule of meetings but will meet at least annually. The chair of the committee shall be responsible for establishing the agendas for meetings of the committee. An agenda, together with materials relating to the subject matter of each meeting, shall be sent to members of the committee for each meeting. Minutes for all meetings of the committee shall be prepared to document the committee's discharge of its responsibilities. The minutes shall be circulated in draft form to committee members to ensure an accurate final record, shall be approved at a subsequent meeting of the committee and shall be distributed to the board. The committee shall Recommend the compensation of the organization's executive (or executive officers) to the board. Oversee the development and administration of the executive compensation and benefits program, Make regular reports to the board about the committee's activities, Make any recommendations to the board relating to proposed changes in the committee's charter.

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Compensation Commttee is a standing commttee of the board. It shall assist the board in fulfilling its responsibility to oversee the compensation and benefits of the organization's executives. The committee will be appointed by, and shall serve at the discretion of the board. It will consist of not fewer than two members of the board, with the exact number being determined by the board. Unless a committee chair is designated by the board, the committee may designate a chair. The committee shall be comprised of independent board members. No member may serve on the committee if they have a bias regarding the compensation process or its outcome. The assessment of board members and senior management, and donor/donee relationships. The committee shall establish a schedule of meetings but will meet at least annually. The chair of the committee shall be responsible for establishing the agendas for meetings of the committee. An agenda, together with materials relating to the subject matter of each meeting, shall be sent to members of the committee for each meeting. Minutes for all meetings of the committee shall be prepared to document the committee's discharge of its responsibilities. The minutes shall be circulated in draft form to committee members to ensure an accurate final record, shall be approved at a subsequent meeting of the committee and shall be distributed to the board. The committee shall Recommend the compensation of the organization's executive (or executive officers) to the board, Oversee the development and administration of the executive compensation and benefits program, Make regular reports to the board about the committee's activities, Make any recommendations to the board relating to proposed changes in the committee's charter.

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Organization makes its governing documents, conflict of interest policy, and financial statements available to anyone who request such documents

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Excess of value of assets in merger of 501(c)3 = \$134266