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DLN: 93493197002186

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)

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year begi	nning 10-01-2014 , and ending 09-30	0-2015				
		applicable	C Name of organization GLOBAL TIES US				D Emplo	yer idei	ntification number
		hange					52-08	48094	4
∏ Na	ne ch	ange	Doing business as						
Init	ıal ret	urn	Number and street (or D.O. be	x if mail is not delivered to street address) Ro	om/suito		E Telepho	ne num	ber
Fin ret		rmınated	1250 H STREET NW NO 305	x ii maii is not delivered to street address) Ro	om/suite		(202)	842-1	414
M Am	ended	return	City or town, state or province.	country, and ZIP or foreign postal code					
Г Арі	licatio	n pending	WASHINGTON, DC 20005	,,			G Gross r	eceipts \$	6,480,150
			F Name and address of	principal officer	н	(a) Ici	 this a group	return	for
			JENNIFER CLINTON PH	1D	"		ordinates?	recuiii	┌ Yes ┌ No
			1250 H STREET NW NC WASHINGTON, DC 200			(b) Arc	all subordı	natos	┌ Yes ┌ No
							luded?	liates	j řest No
I Ta	x-exe	mpt status	▼ 501(c)(3)) ◀ (insert no)		If"	No," attach	a lıst	(see instructions)
J W	ebsit	e:► WV	WW GLOBALTIESUS ORG		н	(c) Gr	oup exempt	ion nur	mber ►
K For	n of o	rganızatıor	Corporation Trust Asso	ciation Cother ►	<u> </u>	L Year of	formation 19	65 M	State of legal domicile DC
	rt I		nmary						
	1	,	5	ission or most significant activities					
				ES' MISSION STATEMENT GLOBAI 1AKING INTERNATIONAL EXCHAN					
<u>ပို</u>			DONES AND NATIONS DIT	TARING THE ENGLAND	<u> </u>	, KATTO		01111	-
匫									
Governance	2	Check t	his box 🕶 if the organization	n discontinued its operations or dispo	osed of m	ore than	25% of its	net as	sets
ŝ	-			.,					
Activities &	3	Number	of voting members of the go	verning body (Part VI, line 1a)				3	13
Œ				ers of the governing body (Part VI, lir				4	13
ŧ				d in calendar year 2014 (Part V, line :				5	13
∢				e if necessary)				6	67
	ı			m Part VIII, column (C), line 12 . me from Form 990-T, line 34				7a 7b	0
	_ B	ivec unit	stated business taxable inco	me nom 1 om 1 9 90 - 1 , me 34			ior Year	/b	Current Year
	8	Contr	ubutions and grants (Part VII	I, line 1h)	🖯		5,708,8	367	5,935,322
≘	9			II, line 2g)			166,4		505,578
Rayenue	10	-	·	umn (A), lines 3, 4, and 7d)	⊢			501	606
쮼	11			(A), lines 5, 6d, 8c, 9c, 10c, and 11e			16,:		38,644
	12			n 11 (must equal Part VIII, column (A			F 002 -		6 400 450
	13			Part IX, column (A), lines 1–3) .			5,893,1	-	6,480,150
	14			art IX, column (A), line (A)	_		4,220,3	0	3,985,584
	15			ployee benefits (Part IX, column (A), I				+	
8	•	5-10		(· · · · · · · · · · · · · · · · · · ·			749,6	85	977,007
⊕	16a			IX, column (A), line 11e)	· ·			0	50,570
Expenses	ь	Total fo	undraising expenses (Part IX, colum	ın (D), line 25) ▶ 60,498					
_	17	Other	expenses (Part IX, column ((A), lines 11a-11d, 11f-24e)	[841,0	78	1,449,289
	18	Total	expenses Add lines 13-17	(must equal Part IX, column (A), line	25)		5,811,2	297	6,462,450
	19	Rever	nue less expenses Subtract	line 18 from line 12	· ·		81,8	_	17,700
Net Assets or Fund Balances						Beginni	ing of Curre Year	nt	End of Year
Set Series	20	Total	assets (Part X, line 16) .		Ի		1,007,5	573	1,049,081
A AB	21				` .` . -		147,2		185,784
žĒ	22			ract line 21 from line 20	🕇		860,3		863,297
Pai	t II	Sigr	nature Block		<u> </u>			<u>'</u>	
my k	nowle	dge and		e examined this return, including acco complete Declaration of preparer (ot					
		***					2016-07-15		
Sigr		Sign	ature of officer				Date		
Her	2		NIFER L CLINTON PHD PRESIDENT						
			e or print name and title Print/Type preparer's name	Preparer's signature	Date			PTIN	
Paid	1		FRANK H SMITH	FRANK H SMITH	2016-	07-12 se	heck if elf-employed	P00639	
Pre			Firm's name 🕨 RAFFA PC			F	ım's EIN 🕨 52	2-15112	75
Use	•	I 1	Firm's address ► 1899 L STREET N	N SUITE 850		P	hone no (202) 822-50	000
Jac	UI	'' ^y	WASHINGTON, DO	20036					

✓ Yes ☐ No

	1990 (2014)				Page Z
Par		nt of Program Service nedule O contains a respons	Accomplishments e or note to any line in this Part	III	ন
1	Briefly describe th	e organization's mission			
		BAL TIES) STRENGTHENS ANGE PROGRAMS MORE E		NDIVIDUALS AND NATIONS BY	MAKING
2	the prior Form 990	or990-EZ?	orogram services during the yea		✓ Yes │ No
		these new services on Scheo			
3	services?		e significant changes in how it constants.		┌ Yes ┌ No
_		these changes on Schedule (
4	expenses Section		ganizations are required to repo	hree largest program services, as n rt the amount of grants and allocati	
4a	(Code) (Expenses \$	6,392,420 including grants of \$	3,985,584) (Revenue \$	505,578)
	NATIONAL AND INTER INTERNATIONAL EXCH PROFESSIONALS WE COMMUNITY PARTNER PARTICIPATION GRAN TIES EMPOWERS ITS	NATIONAL REPRESENTATION AND I IANGE PROGRAMS GLOBAL TIES OF EXECUTE LOCAL MEETINGS AND EV RSHIP GRANT SUPPORT TO QUALIF ITS TO SUPPORT PARTICIPATION I MEMBERS TO ENGAGE AND EDUCA	PROFESSIONAL RESOURCES SO THAT T RGANIZES AN ANNUAL NATIONAL MEET /ENTS TO ENGAGE LOCAL AUDIENCES / IED MEMBERS WHO IMPLEMENT EXCH N NATIONAL AND REGIONAL MEETINGS TE THEIR ELECTED REPRESENTATIVES	WITH CONNECTIONS, LEADERSHIP DEVELO THEY ARE THE STRONGEST MOST EFFECTIVA ING THAT BRINGS TOGETHER 1000 INTERN AROUND FOREIGN AFFAIRS AND PUBLIC DI ANGE PROGRAMS, LOCAL INITIATIVE GRAN WE PROVIDE ON-LINE TRAINING COURSE ON THE IMPORTANCE OF PUBLIC DIPLOMA RAMS FOR PROFESSIONALS AND STUDENT	/E IMPLEMENTERS OF NATIONAL EXCHANGE PLOMACY WE PROVIDE TS AND MEETING S AND WEBINARS GLOBAL CY AND INTERNATIONAL
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	_				
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4d	Other program se (Expenses \$	rvices (Describe in Schedule includin	e O) g grants of \$) (Revenue \$)
4e	Total program ser		5,392,420	<u> </u>	-
		•	· · · · · · · · · · · · · · · · · · ·		

art IV	Chec	klist	- of	Regu	ired	Sche	dules

			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^{2}	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^{\bullet}	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	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II L Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		No
_	complete Schedule D, Part III 😼	8		
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
c	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
	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 X	11e	Yes	
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	Yes	
12a	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
13	Is the organization a school described in section 170 (b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	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		

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	Yes	
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	Yes	
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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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 IV	28a		No
b	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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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? If "Yes," complete Schedule R, Part 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	35b		
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	
		F	orm 99 0	(2014)

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
		0			
	The rate name of the state of t	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		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	. 3			
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)	21	,	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	38	,		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	31	5		
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)?	4			No
b	If "Yes," enter the name of the foreign country ►				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	58	,		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51	,		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		1		
		50	-		
	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?	66	3		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	.s 6I	,		
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	78			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	•		
C	file Form 8282?	. 7	.		Νo
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?	76	_		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	+		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	-			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	h		
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	\dashv		
	Did the sponsoring organization make any taxable distributions under section 4966?	98	_		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	+		
10 a	Section 501(c)(7) organizations. Enter 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?	12	a		
b	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.	\dashv			
	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	13	а		
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?	14	a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	ь⊤		

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 res	nonse or no	te to anv	line in this Pa	rt V I	_	_	_	_	_	_	_	_	_	_	_	Ţ
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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		No
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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		No
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	
	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 Vipon 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 ►JENNIFER L CLINTON PHD

1250 H STREET NW NO 305

WASHINGTON, DC 20005 (202) 842-1414

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 ect	not box h ar or/tr	challed 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
CHAIR		Х		Х				0	0	0
(2) PEGGY PARFENOFF VICE CHAIR (AS OF 2/28/15)	5 00	х		Х				0	0	0
(3) NANCY GILBOY VICE CHAIR (UNTIL 2/28/15)	3 00	х		х				0	0	0
(4) ROBERT BROWN PHD TREASURER (AS OF 2/28/15)	5 00	Х		х				0	0	0
(5) PETER C SIMPSON PHD TREASURER (UNTIL 2/28/15)	5 00	Х		х				0	0	0
(6) JACQUELYN GATES SHIPE SECRETARY	5 00	Х		х				0	0	0
(7) KYLE MOYER IMMEDIATE PAST CHAIR	5 00	Х		х				0	0	0
(8) ANNETTE GREEN ALVAREZ DIRECTOR (UNTIL 2/28/15)	3 00	Х						0	0	0
(9) JEFFREY BALS CMP CMM DIRECTOR (UNTIL 2/28/15)	3 00	Х						0	0	0
(10) HENRY COLLINS DIRECTOR	5 00	Х						0	0	0
(11) PASCAL DUPEYRAT DIRECTOR	3 00	Х						0	0	0
(12) BETH SABO HUDDLESTON DIRECTOR	3 00	Х						0	0	0
(13) RANDA FAHMY HUDOME DIRECTOR	3 00	Х						0	0	0
(14) THEA RICHARD DIRECTOR	3 00	Х						0	0	0
	I					1				Form 990 (2014)

Part VII 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 for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
(15) SAMUEL SANDY STERRETT JR DIRECTOR	3 00	х						0	0	0
(16) JIM STOCKTON EDD DIRECTOR (UNTIL 2/28/15)	3 00	х						0	0	0
(17) DIANE G THOMAS DIRECTOR (UNTIL 2/28/15)	3 00	х						0	0	0
(18) RICARDO VANELLA DIRECTOR	3 00	х						0	0	0
(19) CHRISTOPHER WASHINGTON PHD DIRECTOR	3 00	х						0	0	0
(20) JENNIFER L CLINTON PHD PRESIDENT	40 00			х				168,622	0	40,094

1b	Sub-Total	Þ			
c	Total from continuation sheets to Part VII, Section A	Þ			
d	Total (add lines 1b and 1c)	•	168,622	0	40,094

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

			Yes	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	Yes	
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

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) Name and business address	(B) (C) Description of services Compensation
OMNI SHOREHAM HOTEL 2500 CALVERT STREET NW WASHINGTON, DC 20008	CONFERENCE SERVICES 212,254

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 ►1

		CHECK II DENEAS	ule O contains a respor		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω &	1a	Federated cam	paigns 1a	454				
an l	b	Membership du	es 1b					
الجَّيْن	С	Fundraising eve	ents 1c					
iffs ar 4	d	Related organiz	ations 1d					
9,≅	е	Government grants	s (contributions) 1e	5,836,553				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	98,315				
<u></u> ₹ 5	g	Noncash contribution 1a-1f \$	ons included in lines					
a C	h	Total. Add lines	s 1a-1f	· · · .	5,935,322			
				Business Code				
Program Serwce Revenue	2a	CONTRACT REVEN	UE	900099	304,286	304,286		
Fe V	b	MEETING REG FEE	ES	900099	165,777	165,777		
<u> 5</u>	С	MEMBERSHIP DUES	S	900099	35,515	35,515		
Ze.	d							
Ē	е							
100 0	f	All other progra	im service revenue					
<u></u>	g	Total. Add lines	s 2a-2f		505,578			
	3		ome (including dividendar amounts)		606			606
	4		tment of tax-exempt bond	 				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other						
	b	than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	s)					
ıne	8a	Gross income f events (not inc						
Other Revenue			reported on line 1c)					
je i	b	less directev	penses b					
ਰ			(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin						
	b	Lase direction	a penses b					
			loss) from gaming activ	vities				
		Gross sales of returns and allo	inventory, less					
	_		a					
			oods sold b	entory				
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				
	11a	SUBLEASE INC		900099	38,644			38,644
	ь	JUDILAUL INC						
	c							
l								i
		All other reven	ue					
			ue	🕨	38,644			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comp	lete column (A	١)
--	----------------	----

s Part IX			
(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
3,911,439	3,911,439		
74,145			
7 1,7 13	7 1,213		
217,349	217,349		
589,105	5 586,642	2,463	
26,647		62	
119,537	119,121	416	
24,369	 	+	
21,303	21,332	 	
F 246	5 240	1	
5,249	,	+	
24,037	23,901	136	
50,570)		50,570
196,239	195,497	742	
15,201	. 15,201		
31,774	31,534	240	
65,028	64,172	856	
140,875	137,755	3,120	
72,417	69,775	362	2,280
849,700	849,461	239	
10,776	10,537	239	
10,015	9,894	121	
15,992	14,538	160	1,294
11,986	<u> </u>	 	6,354
1	1		,
1		†	
1			
6 462 450	6 302 420	0 523	60,498
0,402,430	0,392,420	9,332	60,498
_	6,462,450	6,462,450 6,392,420	6,462,450 6,392,420 9,532

Part X Balance Sheet

	tΧ	Check if Schedule O contains a response or note to any line in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			400	1	91,888
	2	Savings and temporary cash investments			384,604	2	90,696
	3	Pledges and grants receivable, net			84,418	3	219,246
	4	Accounts receivable, net			12,500	4	12,264
	5	Loans and other receivables from current and former officers, directly employees, and highest compensated employees. Complete Part Schedule L	ectors, II of	trustees, key		5	
Assets	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section $4958(c)(3)(B)$, and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntrıbut	ıng employers		6	
82	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			17,626		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	• 45,924	·		
	Ь	Less accumulated depreciation	10b	36,162	20,538	10c	9,762
	11	Investments—publicly traded securities	<u> </u>		476,394	11	602,336
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			11,093	15	22,889
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,007,573		1,049,081
	17	Accounts payable and accrued expenses			127,506		178,318
	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 Sched				21	
Liabilities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trus				
ap		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	40.707		7 400		
		D	19,737	25	7,466		
<u></u>	26	Total liabilities. Add lines 17 through 25			147,243	26	185,784
Fund Balance		lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets		•	555,321	27	608, 131
ñ	28	Temporarily restricted net assets		•	116,448	28	66,605
Ē	29	Permanently restricted net assets			188,561	29	188,561
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	e ►	and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fur	ıds			32	
Ř	33	Total net assets or fund balances		•	860,330	33	863,297
_	34	Total liabilities and net assets/fund balances	<u>.</u> .		1,007,573	34	1,049,081

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,4	180,150
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4	162,450
3	Revenue less expenses Subtract line 2 from line 1	3			17,700
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			360,330
5	Net unrealized gains (losses) on investments	5			-14,733
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8	363,297
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 separate 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	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	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?	e	3a	Yes	
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	Yes	

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE A

(Form 990 or 990EZ)

Internal Revenue Service

Department of the

Treasury

Total

As Filed Data -

DLN: 93493197002186

OMB No 1545-0047

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 Name of the organization GLOBAL TIES US 52-0848094 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	cabox on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

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

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

	ction A. Public Support		<u> </u>		iow, piedse coi	iipiete i		
Cale	ndar year (or fiscal year beginning	(-) 2010	(1-) 2.01.1	(-) 2012	(4) 2012	(-) 2((6) T - t - l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20)14	(f) Total
1	Gifts, grants, contributions, and					_		
	membership fees received (Do not	5,542,254	6,170,632	5,343,117	5,708,867	5,	,935,322	28,700,192
_	include any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the	305,485	133,449	164,506	166,466		505,578	1,275,484
	organization's tax-exempt							
	purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
5	The value of services or facilities							
3	furnished by a governmental unit							
	to the organization without							
	charge							
6	Total. Add lines 1 through 5	5,847,739	6,304,081	5,507,623	5,875,333	6,	440,900	29,975,676
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified	5,905	14,500	10,550	18,250		15,500	64,705
	persons							
Ь	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of the							Ü
	amount on line 13 for the year							
c	Add lines 7a and 7b	5,905	14,500	10,550	18,250		15,500	64,705
8	Public support (Subtract line 7c							29,910,971
	from line 6)							29,910,971
	ection B. Total Support							
Cale	ndar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
•	in) ► A mounts from line 6	5,847,739	6,304,081	5,507,623	5,875,333		440,900	29,975,676
9	—	3,047,739	0,304,081	3,307,023	3,673,333	0,	.440,300	29,973,070
L0a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	7,395	9,720	81,819	1,601		39,250	139,785
	and income from similar	,	·	,	<i>'</i>		<i>'</i>	,
	sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after							
	June 30, 1975	7,395	9,720	81,819	1,601		39,250	139,785
C	Add lines 10a and 10b Net income from unrelated	7,393	9,720	61,619	1,001		39,230	139,763
11	business activities not included							
	in line 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
12		7.416	522	11.500	16.197			35.635
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part	7,416	522	11,500	16,197			35,635
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	7,416	522	11,500	16,197			35,635
12 13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,	7,416 5,862,550	522 6,314,323	11,500 5,600,942	16,197 5,893,131	6,	480,150	35,635
13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	5,862,550	6,314,323	5,600,942	5,893,131		, I	30,151,096
	Other income Do not include 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 1	5,862,550	6,314,323	5,600,942	5,893,131		, I	30,151,096
13 14	Other income Do not include 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 the check this box and stop here	5,862,550 for the organization	6,314,323 on's first, second,	5,600,942	5,893,131		, I	30,151,096) organization,
13 14	Other income Do not include 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 check this box and stop here	5,862,550 for the organization	6,314,323 on's first, second,	5,600,942 third, fourth, or fi	5,893,131	section	, I	30,151,096) organization,
13 14 Se 15	Other income Do not include 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 check this box and stop here ection C. Computation of Pub Public support percentage for 2014	5,862,550 for the organization lic Support Pe (line 8, column (1	6,314,323 on's first, second, ercentage f) divided by line	5,600,942 third, fourth, or fi	5,893,131	section 15	, I	30,151,096) organization, 99 200 %
13 14 Se 15 16	Other income Do not include 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 check this box and stop here extion C. Computation of Pub Public support percentage for 2014 Public support percentage from 201	5,862,550 for the organization lic Support Pe (line 8, column (1) 3 Schedule A, Pa	6,314,323 on's first, second, ercentage f) divided by line ort III, line 15	5,600,942 third, fourth, or fi	5,893,131	section	, I	30,151,096) organization,
13 14 Se 15 16	Other income Do not include 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 check this box and stop here ection C. Computation of Pub Public support percentage for 2014 Public support percentage from 201	5,862,550 for the organization lic Support Pe (line 8, column (1) 3 Schedule A, Pa estment Incol	6,314,323 on's first, second, ercentage f) divided by line ert III, line 15 me Percentage	5,600,942 third, fourth, or fi 13, column (f))	5,893,131 fth tax year as a	15 16	, I	30,151,096) organization, 99 200 % 99 040 %
13 14 Se 15 16 Se 17	Other income Do not include 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 check this box and stop here ection C. Computation of Pub Public support percentage for 2014 Public support percentage from 201 ection D. Computation of Investment income percentage for 3	5,862,550 for the organization lic Support Pe (line 8, column (1) 3 Schedule A, Pa estment Incol 2014 (line 10c, co	6,314,323 on's first, second, ercentage f) divided by line ert III, line 15 me Percentag	5,600,942 third, fourth, or fi	5,893,131 fth tax year as a	section 15	, I	30,151,096) organization, 99 200 %
13 14 Se 15 16 Se 17	Other income Do not include 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 check this box and stop here ection C. Computation of Pub Public support percentage for 2014 Public support percentage from 201	5,862,550 for the organization lic Support Pe (line 8, column (1) 3 Schedule A, Pa estment Incol 2014 (line 10 c, co	6,314,323 on's first, second, ercentage f) divided by line ort III, line 15 me Percentage dlumn (f) divided by A, Part III, line 1	5,600,942 third, fourth, or fi 13, column (f)) Je by line 13, column	5,893,131 fth tax year as a	15 16 17 18	501(c)(3	30,151,096) organization, 99 200 % 99 040 % 0 460 % 0 630 %

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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			
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	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
· · · · · · · · · · · · · · · · · · ·	OTHER INCOME - 2010 AMOUNT \$ 7,416 2011 AMOUNT \$ 522 2012 AMOUNT \$ 11,500 2013 AMOUNT \$ 15,597 2014 AMOUNT \$ 0 WORKSHOP FEES - 2013 AMOUNT \$ 600

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493197002186

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

www.irs.gov/form990.

- If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 - Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
 - ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** GLOBAL TIES US Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
•	Total lobbying expenditures to influence public of			
)	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	6,550	
2	Total lobbying expenditures (add lines 1a and 1	o)	6,550	
ı	Other exempt purpose expenditures	6,425,249		
2	Total exempt purpose expenditures (add lines 1	6,431,799		
F	Lobbying nontaxable amount Enter the amount columns	471,590		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
j	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	117,898	
1	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	er -0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1ı, dıd the organization file Form 4720) reporting	□ Ves □ No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 467,571 426,671 440,565 471,590 1,806,397 Lobbying nontaxable amount Lobbying ceiling amount 2,709,596 (150% of line 2a, column(e)) 8,969 6,550 Total lobbying expenditures 13,150 4,286 32,955 Grassroots nontaxable amount 116,893 106,668 110,141 117,898 451,600 Grassroots ceiling amount 677,400 (150% of line 2d, column (e)) Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493197002186

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

Nar	me of the organization BAL TIES US	,	Employer identification number
Pa	rt I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		unds or Accounts. Complete if the
	organization answered Tes to Form 550,	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	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 adviso funds are the organization's property, subject to the org		nor advised Yes No
;	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?		
aı	t II Conservation Easements. Complete if	the organization answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga	anızatıon (check all that apply)	
	igcap Preservation of land for public use (e g , recreation	or education)	n historically important land area
	Protection of natural habitat	☐ Preservation of a	certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the form of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
2	Number of conservation easements on a certified history	rıc structure ıncluded ın (a)	2c
i	Number of conservation easements included in (c) acquirely historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferre the tax year ▶	ed, released, extinguished, or terminat	ed by the organization during
	Number of states where property subject to conservation	on easement is located ►	
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	idling of violations, and
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments during the year
	A mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	s during the year
	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)$?	l) above satisfy the requirements of se	ction 170(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financia	
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures,	or Other Similar Assets.
а	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 13 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	ts held for public exhibition, education,	
	(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, historic following amounts required to be reported under SFAS 1		or financial gain, provide the
a	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Accete included in Form 990 Part V		b

Par	TITE Organizations Maintaining Co	llections of Art,	Hist	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or O	<u>ther</u>	Similar As	sets ((continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, ch	eck a	ny of t	the follo	wing that a	re a s	ignificant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how	v they	/ furthe	er the or	ganızatıon	's exe	mpt purpose i	n	
5	During the year, did the organization solicit										
Do	assets to be sold to raise funds rather than t									Yes	│ No
Pal	Part IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	ı re	S to Form S	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						other ass	ets no		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollow	/ıng t	able						
									An	nount	
C	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,f	for es	crow	rcusto	dıal accoui	nt liab	ılıty?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	expla	natio	n has	been pr	ovided in F	art X	III		Γ
Pa	rt V Endowment Funds. Complete		ans	were	d "Ye						
		(a)Current year	(b)	Prior y		b (c) Two		 ` ´ 	ree years back	(e)Fou	years back
1a	Beginning of year balance	216,047			204,381		203,638		196,442		183,317
b	Contributions				1,819		2,969		6,116		11,360
С	Net investment earnings, gains, and losses	253			11,796		774		1,094		1,769
d	Grants or scholarships										
e	Other expenditures for facilities and programs	96			1,949		3,000		14		4
f	Administrative expenses										
g	End of year balance	216,204			216,047		204,381		203,638		196,442
2	Provide the estimated percentage of the cur	rent year end balance	e (line	e 1g,	colum	n (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ► 87 210 %										
C	Temporarily restricted endowment • 12 The percentages in lines 2a, 2b, and 2c sho	790 % uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organizat	ion t	hat a	re hel	d and ad	lmınıstered	l for th	he		
	organization by								-	Ye	
	(i) unrelated organizations			•				•	3a(No No
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organization								3a(1
4	Describe in Part XIII the intended uses of the	•				•		•	· · · <u> </u>	<u> </u>	
Pai	t VI Land, Buildings, and Equipme	ent. Complete if th	e or	gan	ızatıoı	n answ	ered 'Yes	' to F	orm 990, Pa	rt IV,	line
	11a. See Form 990, Part X, line	10.		1 ,			1000	1			
	Description of property					or other estment)	(b)Cost or basis (oth		(c) Accumulate depreciation) Book value
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment						1	3,591	4,	908	8,683
	Other							2,333	31,	254	1,079
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X,	colui	mn (E	3), line	10(c).)			🕨		9,762
									Schedule D	(Form	990) 2014

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related.		□ n 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 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 organiza	tion answered 'Y es' to Form 990 scription	O, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(4) 50.	, emption	(D) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) lin	e 15.)	
		o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal income taxes	(B) Book value	
DEFERRED RENT	7,466	
JETERRES NEW	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,466	

Part		Revenue per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line :		its Wi	th Rev	enue p	oer R	eturn Complete if
1	Total revenue, gains, and other	er support per audited financial statements					1	6,465,417
2	A mounts included on line 1 b	ut not on Form 990, Part VIII, line 12						
a	Net unrealized gains (losses)	on investments	2a			14,733		
b	Donated services and use of	facılıtıes	2b					
c	Recoveries of prior year grant	ts	2c					
d	Other (Describe in Part XIII)	2d					
e	Add lines 2a through 2d						2e	-14,733
3	Subtract line ${f 2e}$ from line ${f 1}$.						3	6,480,150
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1						
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII)	4b					
c	Add lines 4a and 4b						4c	0
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12)				5	6,480,150
Part		expenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts W	ith Ex	penses	s per	Return. Complete
1	Total expenses and losses pe	er audited financial statements					1	6,462,450
2	Amounts included on line 1 bi	ut not on Form 990, Part IX, line 25						
а	Donated services and use of f	facilities	2a					
b	Prior year adjustments		2b					
c	Otherlosses		2c					
d	Other (Describe in Part XIII))	2d					
e	Add lines 2a through 2d						2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.						3	6,462,450
4	Amounts included on Form 99	00, Part IX, line 25, but not on line 1:						
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII))	4b					
c	Add lines 4a and 4b						4c	0
5		nd 4c. (This must equal Form 990, Part I, lir	ne 18)				5	6,462,450
Part	XIII Supplemental In	formation						
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a i, lines 2d and 4b, and Part XII, lines 2d and						de any additional
	Return Reference	Explanation						
PART	V, LINE 4	GLOBAL TIES INTENDS TO USE ENDOVADVOCACY, AND SPECIAL PROJECTS	VMENT	FUNDS	S FOR S	CHOLAF	RSHIP	S FOR INTERNS,
PART	X, LINE 2	GLOBAL TIES PERFORMED AN EVALUA ENDED SEPTEMBER 30, 2015, AND DET WOULD REQUIRE RECOGNITION IN TH EFFECT ON ITS TAX-EXEMPT STATUS	ERMIN	ED TH	AT THE	RE WER	ENOI	MATTERS THAT

Jenedale 2 (1 31111 33 3) 23 13		r age 5		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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DLN: 93493197002186

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Internal Revenue Service Name of the organization

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

'I A B A I TIEC IIC						
SLOBAL TIES US					52-0848094	
	Activities. Complete equired to complete th		anızatıo	n answered "Yes" to	Form 990, Part IV,	ine 17. Form 990-EZ
1 Indicate whether the oi	rganization raised funds	through ar	y of the f	ollowing activities Che	ck all that apply	
a ✓ Mail solicitations		_		Solicitation of non-		
b	solicitations		f	Solicitation of gove		
c	S		g	☐ Special fundraising	g events	
d	tions					
	ave a written or oral agre d in Form 990, Part VII)					Γ _{Yes} Γ No
	ghest paid individuals or least \$5,000 by the orga		undraisei	rs) pursuant to agreeme	ents under which the fur	idraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 GREG HOUSTON 52 G STREET NW	DEVELOPMENT CONSULTING		No	0	50,570	-50,570
WASHINGTON, DC 20024						
2						
3						
4						
5						
6						
7						
8						
9						
10						
			▶		50,570	-50,570

Pai	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	tion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported nes 1 and 6b. List
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3),
Revenue	1	Gross receipts				
9,4	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă ă	7	Food and beverages .				
Direct	8	Entertainment				
Ā	9	Other direct expenses .				
	10	Direct expense summary Add line	es 4 through 9 in colum	ın (d)		()
	11	Net income summary Subtract lir				
Par	t II			l "Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
		\$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) billyu	bingo/progressive bingo	(c) Other gaming	col (a) through col
<u>~</u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г Nо	Г Yes%	☐ Yes %	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	column (d)		
9	Ent	ter the state(s) in which the organiza	ition conducts gaming a	ictivities		
а		the organization licensed to conduct				「Yes 「No
b	If"	'No," explain				
10a b		re any of the organization's gaming l	icenses revoked, suspe	ended or terminated during		

Sche	edule G (Form 990 or 990-EZ) 2014			Page 3				
11	Does the organization conduct gamin	g activities with nonmembers?		Γ _{Yes} Γ _{No}				
12	Is the organization a grantor, benefic	ary or trustee of a trust or a mem	nber of a partnership or other entity					
	formed to administer charitable gamii	ng?		Γ _{Yes} Γ _{No}				
13	Indicate the percentage of gaming ac							
а	The organization's facility		13a	%				
b	An outside facility		13b	%				
14	Enter the name and address of the pe	rson who prepares the organization	on's gaming/special events books and record	S				
	Name 🕨							
	Address ►							
	If "Yes," enter the amount of gaming	revenue received by the organiza	tion > \$ and the	. Г _{Yes} Г _{No}				
c		amount of gaming revenue retained by the third party 🟲 \$						
	Name 🟲	Name 🟲						
	Address ▶							
16	Gaming manager information							
	Name 🕨							
	Gamıng manager compensation ► \$							
	Description of services provided							
17	Director/officer Mandatory distributions	Employee	Independent contractor					
а	Is the organization required under sta							
	retain the state gaming license? .			Tyes TNo				
b	in the organization's own exempt acti		o other exempt organizations or spent					
Pai	t IV Supplemental Informat	ion. Provide the explanations	s required by Part I, line 2b, columns (i licable. Also provide any additional info					
	Return Reference		Explanation					
sch	EDULE G, PART I, LINE 2B	PROFESSIONAL FUNDRAISEF	EPTEMBER 30, 2015, GLOBAL TIES PAID G R \$16,919 TO HELP WITH BOTH STRATEG JNDRAISING AND EVENT MANAGEMENT : SERVICES	IC PLANNING ON NEW				

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DLN: 93493197002186

OMB No 1545-0047

Schedule I (Form 990)

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 **Inspection**

Internal Revenue Service Name of the organization GLOBAL TIES US

Department of the Treasury

See Additional Data Table

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

Employer identification number

other)

							52-0848094	
Pa	rt I General Information	n on Grants and	l Assistance				•	
1	Does the organization maintain in the selection criteria used to aw Describe in Part IV the organiza	ard the grants or as	sıstance?	·		_	•	√ Yes
Pa	rt II Grants and Other As Form 990, Part IV, line							s" to
((a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of gran or assistance

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

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

Cat No 50055P

Schedule I (Form 990) 2014

70

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
(1) HOTEL ROOMS	108	74,145			

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							
PART I, LINE 2	GLOBAL TIES HAS A THOROUGH PROCESS FOR DETERMINING SUB-GRANTEE ELIGIBILITY THAT INCLUDES REVIEWING 501(C)(3) STATUS, SUBMISSION OF A FORM 990, CURRENT AND GOOD-STANDING SAM GOV STATUS, AND PERFORMING A-133 AUDITS, WHERE APPLICABLE ALL APPLICABLE DOCUMENTATION IS RETAINED ONLY UPON A SUCCESSFUL REVIEW IS THE SUB-GRANTEE INVITED TO APPLY FOR SUB-GRANTS ADMINISTERED BY GLOBAL TIES SUB-GRANT EXPENDITURE IS MONITORED THROUGH THE SUBMISSION OF SEMI-ANNUAL EXPENDITURE REPORTS INDICATING HOW SUB-GRANT FUNDS WERE SPENT							

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 52-0848094

Name: GLOBAL TIES US

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

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g)

(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
WORLD AFFAIRS COUNCIL - SEATTLE2200 ALASKAN WAY SUITE 450 SEATTLE, WA 98121	91-0586924	501(C)(3)	165,348				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM
GLOBAL TIES SAN FRANCISCOTHE EMBARCADERO SUITE 201 SAN FRANCISCO,CA 94111	17-4385281	501(C)(3)	158,726				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM
INTERNATIONAL VISITORS COUNCIL OF LOS ANGELES 3540 WILSHIRE BOULEVARD SUITE 910 LOS ANGELES, CA 900102353	95-3692511	501(C)(3)	154,975				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM

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			
WORLD TRADE CENTER INSTITUTE401 EAST PRATT STREET SUITE 232 BALTIMORE, MD 21202	52-1591820	501(C)(3)	143,985				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
WORLD DENVER475 17TH STREET SUITE 800 DENVER,CO 80202	45-4346778	501(C)(3)	132,987				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
WORLD CHICAGO72 EAST RANDOLPH 2ND FLOOR CHICAGO,IL 60601	36-2406639	501(C)(3)	127,618				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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			
GEORGIA COUNCIL FOR INTERNATIONAL VISITORS 100 EDGEWOOD AVENUE SUITE 1560 ATLANTA,GA 303033026	58-0940926	501(C)(3)	127,452				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
SAN DIEGO DIPLOMACY COUNCIL3604 30TH STREET SAN DIEGO, CA 921043509	95-3477071	501(C)(3)	113,179				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
WORLD AFFAIRS COUNCIL OF OREGON1200 SW PARK AVENUE 3RD FLOOR PORTLAND,OR 97205	04-8973903	501(C)(3)	113,145				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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			
NORTHERN CALIFORNIA WORLD TRADE CENTERONE CAPITOL MALL SUITE 300 SACRAMENTO, CA 958143296	91-1811449	501(C)(3)	113,132				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
NEW ORLEANS CITIZEN DIPLOMACY COUNCIL1215 PRYTANIA STREET SUITE 203 NEW ORLEANS, LA 701304367	72-1196697	501(C)(3)	112,992				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
MINNESOTA INTERNATIONAL CENTER 711 EAST RIVER PARKWAY MINNEAPOLIS, MN 554550369	41-0826559	501(C)(3)	100,270				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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			
WORLD AFFAIRS COUNCIL OF NEW HAMPSHIRE2500 NORTH RIVER ROAD MANCHESTER, NH 033061018	02-0239519	501(C)(3)	97,240				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
UTAH COUNCIL FOR CITIZEN DIPLOMACY1840 SOUTH 1300 EAST SALT LAKE CITY,UT 841053697	86-6128308	501(C)(3)	88,478				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
WORLD BOSTON212 NORTHERN AVENUE EAST BUILDING BOSTON, MA 021112088	04-2281954	501(C)(3)	86,483				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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		(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 VISITORS COUNCIL OF METROPOLITAN DETROIT 111 EAST KIRBY STREET 2ND FLOOR DETROIT,MI 48202	38-1981715	501(C)(3)	83,514				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
CITIZEN DIPLOMACY INTERNATIONAL OF PHILADELPHIA1515 ARCH STREET 12TH FLOOR PHILADELPHIA, PA 191021594	15-7426347	501(C)(3)	80,364				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
GLOBAL TIES MIAMI100 MIRACLE MILE SUITE 22 MIAMI,FL 331344439	59-6153212	501(C)(3)	71,296				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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 NORTH TEXAS 6440 NORTH CENTRAL EXPRESSWAY DALLAS,TX 752064176	20-4828941	501(C)(3)	69,916				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
GLOBAL AUSTIN201 EAST SECOND STREET AUSTIN,TX 787014009	74-1383241	501(C)(3)	63,616				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
CLEVELAND COUNCIL ON WORLD AFFAIRS812 HURON ROAD SUITE 620 CLEVELAND, OH 441151141	34-0720549	501(C)(3)	62,230				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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			
SOUTHERN ARIZONA COUNCIL FOR INTERNATIONAL VISITORS384 SOUTH WILLIAMS BOULEVARD TUCSON, AZ 85711	06-9723828	501(C)(3)	57,601				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
NORTHERN NEVADA INTERNATIONAL CENTER 821 NORTH CENTER STREET RENO,NV 895011015	94-2796785	501(C)(3)	57,540				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
SANTA FE COUNCIL ON INTERNATIONAL RELATIONS1210 LUISA STREET SUITE 6 SANTA FE,NM 875054175	85-0196904	501(C)(3)	57,387				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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 FOCUS INC3700 NATIONAL DRIVE SUITE 214 RALEIGH,NC 27612	83-0698007	501(C)(3)	56,923				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
WORLD AFFAIRS COUNCIL OF KENTUCKY AND SOUTHERN INDIANA200 WEST BROADWAY SUITE 607 LOUISVILLE, KY 402022126	61-1078276	501(C)(3)	56,558				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
GLOBAL TIES ARIZONA 3295 DRINKWATER BOULEVARD 9 SCOTTSDALE,AZ 885251643	23-7003229	501(C)(3)	56,471				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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 WORLD AFFAIRS COUNCIL OF ST LOUIS815 OLIVE STREET SUITE 29 ST LOUIS,MO 631011507	43-6040974	501(C)(3)	56,400				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
GULF COAST CITIZEN DIPLOMACY COUNCIL223 PAPAFOX PLACE 200 PENSACOLA,FL 325911591	80-0249546	501(C)(3)	56,365				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
WORLD PARTNERSHIPS INC547 FIRST SOUTH STREET SUITE 200 ST PETERSBURG, FL 337015040	59-3651710	501(C)(3)	55,505				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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			
TULSA GLOBAL ALLIANCE 800 SOUTH TUCKER DRIVE TULSA,OK 741049700	73-1017401	501(C)(3)	45,950				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
INTERNATIONAL CENTER OF THE CAPITAL REGION 423 STATE STREET ALBANY,NY 12210	14-6012797	501(C)(3)	45,776				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
GREATER CINCINNATI WORLD AFFAIRS COUNCIL NORTHERN KENTUCKY UNIVERSITY FH 521 521 HIGHLAND HEIGHTS,KY 41099	96-5311926	501(C)(3)	45,736				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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 TIES KANSAS CITY30 WEST PERSHING ROAD 408-2423 KANSAS CITY, MO 64105	43-1727811	501(C)(3)	45,734				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
GLOBAL JAX4077 WOODCOCK DRIVE SUITE 100 JACKSONVILLE,FL 322072733	59-3032070	501(C)(3)	45,703				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
GLOBAL PITTSBURGH650 SMITHFIELD STREET 1180 PITTSBURGH,PA 152223913	25-6067678	501(C)(3)	45,481				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

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 TIES ABQ 2403 SAN MATEO BOULEVARD ALBUQUERQUE, NM 871104058	85-0338419	501(C)(3)	44,848				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
INTERNATIONAL SERVICES COUNCIL OF ALABAMA102 GATES AVENUE HUNTSVILLE,AL 35801	63-0506191	501(C)(3)	44,772				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			
THE INTERNATIONAL CENTERONE INDIANA SQUARE SUITE 2000 INDIANAPOLIS,IN 462043562	35-1300785	501(C)(3)	44,617				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM			

Form 990,Schedule I, Par	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				
IOWA INTERNATIONAL CENTER319 7TH STREET 200 DES MOINES,IA 503091324	42-0944296	501(C)(3)	44,568				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
WORLD AFFAIRS COUNCIL OF DALLASFORT WORTH 325 NORTH ST PAUL STREET SUITE 22 DALLAS,TX 75201	75-0855628	501(C)(3)	44,293				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
INTERNATIONAL INSTITUTE OF WISCONSIN 1110 NORTH OLD WORLD THIRD STREET SUITE 420 MILWAUKEE,WI 53203	39-0806350	501(C)(3)	44,180				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

Form 990,Schedule I, Par	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				
WORLD AFFAIRS COUNCIL OF LAS VEGAS3225 MCLEOD DRIVE 100 LAS VEGAS,NV 89121	37-1456028	501(C)(3)	37,353				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
ARKANSAS COUNCIL FOR INTERNATIONAL VISITORS16 TOULOUSE COURT LITTLE ROCK,AR 72211	71-0562233	501(C)(3)	37,059				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
COUNCIL FOR INTERNATIONAL VISITORS TO IOWA CITIES 1111 UNIVERSITY CAPITOL CENTRE IOWA CITY,IA 522425500	01-4512328	501(C)(3)	36,005				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

Form 990,Schedule I, Pai	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				
EL PASO COUNCIL FOR INTERNATIONAL VISITORS1155 WESTMORELAND DRIVE 217 EL PASO,TX 79901	74-6081917	501(C)(3)	32,872				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
WORLD MONTANAPO BOX 5114 BOZEMAN,MT 59717	36-3558751	501(C)(3)	30,454				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
INTERNATIONAL HOUSE 1817 CENTRAL AVENUE SUITE 215 CHARLOTTE,NC 28205	58-1440413	501(C)(3)	30,149				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

Form 990,Schedule I, Par	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				
VERMONT COUNCIL ON WORLD AFFAIRS60 MAIN STREET BURLINGTON, VT 054018422	03-6010787	501(C)(3)	28,412				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
PACIFIC & ASIAN AFFAIRS COUNCIL WORLD AFFAIRS COUNCIL OF HAWAII1601 EAST-WEST ROAD 4059 HONOLULU,HI 968481601	99-0073501	501(C)(3)	27,929				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
AKRON INTERNATIONAL FRIENDSHIPQUAKER SQUARE SUITE 233 AKRON,OH 443259003	34-1433786	501(C)(3)	26,688				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

Form 990,Schedule I, Par	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				
COLLEAGUES INTERNATIONAL INC555 WEST CROSSTOWN PARKWAY 203 KALAMAZOO,MI 49008	38-3051840	501(C)(3)	25,791				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
SAN ANTONIO COUNCIL FOR INTERNATIONAL VISITORSPO BOX 29744 SAN ANTONIO,TX 78229	74-2726236	501(C)(3)	25,480				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
WYOMING COUNCIL FOR INTERNATIONAL VISITORSPO BOX 10195 JACKSON, WY 830020404	20-0824440	501(C)(3)	23,775				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

Form 990,Schedule I, Par	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		(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				
UCLA INTERNATIONAL VISITORS BUREAU405 HILGARD AVENUE LOS ANGELES, CA 900951487	95-6006143	501(C)(3)	23,637				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
PIEDMONT TRIAD COUNCIL FOR INTERNATIONAL VISITORSPO BOX 39809 GREENSBORO,NC 27438	56-1729107	501(C)(3)	23,000				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
INTERNATIONAL CENTER OF SYRACUSE930 JAMES STREET SYRACUSE,NY 132032785	16-6068138	501(C)(3)	22,680				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

Form 990,Schedule I, Par	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				
CHARLESTON COUNCIL FOR INTERNATIONAL VISITORSTHE CITADEL CHARLESTON,SC 29409	96-9911580	501(C)(3)	22,604				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
DACOTAH TERRITORY INTERNATIONAL VISITOR PROGRAM1830 WEST FULTON STREET 201 RAPID CITY,SD 57702	46-0443218	501(C)(3)	22,513				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
ROCHESTER GLOBAL CONNECTIONS208 LATTIMORE HALL ROCHESTER, NY 146270449	16-0877269	501(C)(3)	13,006				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

Form 990,Schedule I, Par	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		(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				
BOULDER COUNCIL FOR INTERNATIONAL VISITORS700 GRANT PLACE BOULDER,CO 80302	95-9801346	501(C)(3)	11,559				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
INTERNATIONAL CENTER OF WORCESTER950 MAIN STREET WORCESTER,MA 01610	04-2375529	501(C)(3)	11,519				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
INTERNATIONAL INSTITUTE OF BUFFALO 864 DELWARE AVENUE BUFFALO,NY 142092093	16-0743052	501(C)(3)	11,429				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

Form 990,Schedule I, Par	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				
WORLD AFFAIRS COUNCIL OF WESTERN MASSACHUSETTS INCPO BOX 4234 SPRINGFIELD, MA 011014234	04-6121813	501(C)(3)	10,350				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
THE INTERNATIONAL VISITORS CENTER OF JACKSONPO BOX 17103 JACKSON,MS 392170103	64-6000507	501(C)(3)	9,191				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
LINCOLN COUNCIL FOR INTERNATIONAL VISITORS 7520 CROSS CREEK COURT LINCOLN,NE 68516		501(C)(3)	6,905				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

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				
WORLD AFFAIRS COUNCIL OF SOUTH TEXASPO BOX 78426 CORPUS CHRISTI,TX 78426	65-1217862	501(C)(3)	6,663				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
WORLD AFFAIRS COUNCIL OF CENTRAL FLORIDAPO BOX 361 ORLANDO,FL 32802	79-6454978	501(C)(3)	6,292				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				
WRIGHT STATE UNIVERSITY3640 COLONEL GLEN HIGHWAY DAYTON,OH 45435	31-0732831	501(C)(3)	6,122				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM				

<u>Form 990,Schedule I, Par</u>	<u>'t II, Grants an</u>	<u>d Other Assistance</u>	<u>e to Domestic Org</u>	<u>anizations and Do</u>	mestic Governme	nts.	
(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
MINOT AREA COUNCIL FOR INTERNATIONAL VISITORS500 UNIVERSITY AVENUE WEST MINOT,ND 58707	80-3882174	501(C)(3)	5,030				TO SUPPORT MEMBER ORGANIZATIONS TO FACILITATE THE DEPARTMENT OF STATE'S INTERNATIONAL VISITOR LEADERSHIP PROGRAM

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DLN: 93493197002186

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization GLOBAL TIES US

Employer identification number

	52-0848094			
Pa	Tt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	_		
	directors, trustees, officers, filcluding the CLO/Executive Director, regarding the Items checked in line 1a.	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	∇ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 JENNIFER L CLINTON PHD, PRESIDENT (i)	168,622	0	0	14,175	25,919	208,716	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

I

Return Reference Explanation

Schedule J (Form 990) 2014

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493197002186

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** GLOBAL TIES US 52-0848094

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	
FORM 990, PART VI, SECTION B, LINE 11	THE FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT, REVIEWED BY MANAGEMENT, THE N REVIEWED BY THE TREASURER AND PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILIN G WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	GLOBAL TIES HAS A THOROUGH WRITTEN CONFLICT OF INTEREST POLICY AND HAS ON FILE A SIGNED ST ATEMENT FROM EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGAT ED POWERS AFFIRMING THEY HAVE RECEIVED, UNDERSTAND, WILL COMPLY WITH THE POLICY AND UNDERS TAND THAT GLOBAL TIES IS A CHARITABLE TAX EXEMPT ORGANIZATION THAT ENGAGES PRIMARILY IN AC TIVITIES WHICH ACCOMPLISH ITS TAX EXEMPT PURPOSE
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE PRESIDENT'S COMPENSATION AF TER COMPARISON WITH SIMILAR ORGANIZATIONS AND A REVIEW OF GOALS
FORM 990, PART VI, SECTION C, LINE 19	GLOBAL TIES MAKES ITS FEDERAL FORMS 1023 AND 990, GOVERNING DOCUMENTS, CONFLICT OF INTERES T POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST