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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	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 www.irs.gov/form990	2015 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization GLOBAL LINKS		D Employer identification number 52-1629060	
	Doing business as		E Telephone number (412) 361-3424	
	Number and street (or P O box if mail is not delivered to street address) 700 TRUMBULL DRIVE	Room/suite	G Gross receipts \$ 5,375,010	
	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15205			
	F Name and address of principal officer KATHLEEN HOWER 700 TRUMBULL DRIVE PITTSBURGH, PA 15205		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.GLOBALLINKS.ORG				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities GLOBAL LINKS IS A NOT-FOR-PROFIT, MEDICAL RELIEF AND DEVELOPMENT ORGANIZATION DEDICATED TO IMPROVING HEALTH IN RESOURCE-POOR COMMUNITIES LOCALLY AND GLOBALLY, AND TO PROMOTING BETTER ENVIRONMENTAL STEWARDSHIP WITHIN THE U S HEALTHCARE SYSTEM		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	2,200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	3,683,915	4,564,122
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,521	35,380
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,987	122,593
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,828,423	4,722,095
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,026,878	2,990,736
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	812,138	777,812
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>112,653</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	511,462	469,628
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,350,478	4,238,176
	19 Revenue less expenses Subtract line 18 from line 12	-522,055	483,919
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	7,499,861	7,570,003
	21 Total liabilities (Part X, line 26)	2,130,926	1,764,322
	22 Net assets or fund balances Subtract line 21 from line 20	5,368,935	5,805,681

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****		2016-07-11		
	Signature of officer		Date		
Paid Preparer Use Only	KATHLEEN HOWER CHIEF EXECUTIVE OFFICER, CO-FOUNDER				
	Type or print name and title				
	Print/Type preparer's name RICHARD E DYNOSKE	Preparer's signature RICHARD E DYNOSKE	Date	Check ☐ if self-employed	PTIN P00095538
	Firm's name ► GROSSMAN YANAK & FORD LLP			Firm's EIN ► 25-1638525	
Firm's address ► THREE GATEWAY CTR STE 1800 PITTSBURGH, PA 15222			Phone no (412) 338-9300		

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

☐ Yes ☒ No

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

☐ Yes ☒ No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

GLOBAL LINKS' INTERNATIONAL PROGRAMS HAVE SEVERAL COMPONENTS. THE LARGE-SCALE PROGRAMS ARE CURRENTLY FOCUSED IN SEVEN COUNTRIES IN THE HEMISPHERE: BOLIVIA, CUBA, GUATEMALA, GUYANA, HAITI, HONDURAS AND NICARAGUA, AND THEY SUPPORT HOSPITALS AND CLINICS WITHIN THE COUNTRIES' PUBLIC HEALTH SYSTEMS, WHERE THE LARGEST SEGMENTS OF THE POPULATION RECEIVE CARE. THE INTERNATIONAL MEDICAL AID PROGRAM IS DESIGNED AND IMPLEMENTED IN COLLABORATION WITH THE PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION (PAHO/WHO) AND NATIONAL AND LOCAL HEALTH AUTHORITIES. THESE MEDICAL AID PROGRAMS PROVIDE EQUIPMENT, FURNISHINGS AND SUPPLIES TO PUBLIC HOSPITALS STRUGGLING TO PROVIDE EVEN BASIC CARE TO THEIR PATIENTS. ALMOST ALL OF THE MATERIALS DELIVERED THROUGH THIS PROGRAM ARE MEDICAL SURPLUS RECOVERED FROM U.S. HOSPITALS AND HEALTH INSTITUTIONS. THESE MATERIALS PROVIDE THE TOOLS FOR BETTER HEALTH CARE SERVICES BY THE HOSPITALS AND CLINICS IN THE COMMUNITIES THEY SERVE. WELL-PLANNED AND COORDINATED SHIPMENTS, DELIVERED WITHIN A FRAMEWORK OF PUBLIC HEALTH INITIATIVES, BUILD CAPACITY INSIDE THE PUBLIC HEALTH SYSTEM, AND SUPPORT EFFORTS TOWARD UNIVERSAL ACCESS TO HEALTH. IN 2015, GLOBAL LINKS PROVIDED 24 40-FT TRAILER-LOADS OF MEDICAL MATERIAL AID TO SUPPORT MORE THAN 74 FACILITIES, PRIMARILY HOSPITALS AND CLINICS, IN SEVEN COUNTRIES IN THE WESTERN HEMISPHERE. THE COMBINED VALUE OF THOSE MATERIALS WAS APPROXIMATELY \$2.5 MILLION. GLOBAL LINKS ALSO SUPPORTED 2 INTERNATIONAL MEDICAL LEARNING EXCHANGES IN PEDIATRIC NEUROSURGERY FROM CUBA, AND MEDICAL EDUCATION FROM NICARAGUA. OUR INTERNATIONAL SUTURE DONATION PROGRAM PROVIDES THOUSANDS OF PACKS OF SUTURES - USED IN CLOSING WOUNDS FROM ACCIDENTS, AND INCISIONS DURING SURGERY - EVERY YEAR TO HOSPITALS AND CLINICS AROUND THE WORLD. IN 2015, 33 CLINICS AND HOSPITALS IN 19 COUNTRIES RECEIVED LIFESAVING DONATIONS OF SUTURES.

GLOBAL LINKS' DOMESTIC PROGRAMS SUPPORT THE ENVIRONMENTAL SUSTAINABILITY EFFORTS OF MORE THAN 50 HOSPITALS AND HEALTH INSTITUTIONS IN THE PENNSYLVANIA TRI-STATE AREA, PROVIDE MEANINGFUL VOLUNTEER OPPORTUNITIES FOR GREATER-PITTSBURGH AREA RESIDENTS AND PROVIDE IMPORTANT MATERIALS FOR ORGANIZATIONS SUPPORTING UNINSURED AND UNDERINSURED POPULATIONS LOCALLY. ENVIRONMENTAL STEWARDSHIP IN HEALTH EVERY YEAR ACROSS THE UNITED STATES, MILLIONS OF TONS OF SURPLUS MEDICAL MATERIALS ENTER U.S. LANDFILLS DUE TO HOSPITAL REGULATIONS, CHANGES IN VENDORS, UPGRADES, OR DOWNSIZING. AT THE SAME TIME, STRUGGLING HEALTH FACILITIES AROUND THE WORLD CANNOT AFFORD TO PROVIDE ALL THAT IS NEEDED TO ADEQUATELY CARE FOR THEIR COMMUNITIES. THE STEWARDSHIP PROGRAM DIRECTLY ADDRESSES BOTH SITUATIONS BY HELPING U.S. INSTITUTIONS ASSESS THE CAUSES OF SURPLUS IN THE SYSTEM, REDUCE IT WHEN POSSIBLE, AND PROVIDE A RESPONSIBLE ALTERNATIVE TO DISPOSAL FOR REMAINING SURPLUS. USEFUL MATERIALS ARE RECOVERED, PROCESSED, AND PROVIDED TO INSTITUTIONS SERVING VULNERABLE POPULATIONS BOTH LOCALLY AND AROUND THE WORLD. IN 2015, GLOBAL LINKS PERFORMED 75 HOSPITAL TRAININGS/IN-SERVICES REACHING HUNDREDS OF STAFF MEMBERS. MORE THAN 300 TONS OF SURPLUS MATERIALS WERE RECOVERED FROM HEALTH FACILITIES IN THE TRI-STATE AREA, AND AN ADDITIONAL 9 TONS OF HEALTH-RELATED MATERIALS WERE RECOVERED DIRECTLY FROM THE COMMUNITY. GLOBAL LINKS' VOLUNTEER PROGRAM OFFERS MORE THAN 2,200 INDIVIDUALS EVERY YEAR AN OPPORTUNITY TO IMPACT GLOBAL HEALTH AND THE PLANET, AND PARTICIPATE IN GLOBAL CITIZENRY. VOLUNTEERS SORT AND PACK THOUSANDS OF BOXES OF SUPPLIES, CLEAN AND REPAIR MOBILITY DEVICES AND EQUIPMENT, AND CLASSIFY, SORT, AND PACK SURGICAL INSTRUMENTS, AND ASSESS, REPAIR AND PACK DIAGNOSTIC AND TREATMENT EQUIPMENT, ALL FOR DEPLOYMENT IN UNDERSERVED COMMUNITIES AROUND THE GLOBE. VOLUNTEERS FROM EVERY WALK OF LIFE, INCLUDING BOTH MEDICAL PROFESSIONALS AND LAY PEOPLE, PROVIDE OVER 14,000 HOURS OF SERVICE WHILE LEARNING ABOUT ISSUES SURROUNDING GLOBAL HEALTH, INTERNATIONAL AID, ENVIRONMENTAL SUSTAINABILITY, AND POVERTY, HELPING THEM TO BE MORE INFORMED GLOBAL CITIZENS. IN 2015, THE COMMUNITY PARTNERS PROGRAM PROVIDED MATERIAL SUPPORT TO 36 ORGANIZATIONS IN THE MID ATLANTIC REGION THAT RECEIVED A VARIETY OF PRODUCTS VALUED AT \$103,000, INCLUDING SUCH ITEMS AS CLINICAL AND OFFICE FURNISHINGS, MEDICAL SUPPLIES AND EQUIPMENT, MOBILITY DEVICES, FORMULA AND HOME FEEDING SUPPLIES, MATERIALS FOR USE IN ART AND EDUCATIONAL PROJECTS, AND SURGICAL SCRUBS FOR LOW-INCOME INDIVIDUALS ENTERING THE MEDICAL WORKFORCE.

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	3,958,749
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	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 	10	No
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		
a 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
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f 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 Yes	
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 Yes	
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	No
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 Yes	
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	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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? <i>If "Yes," complete Schedule N, Part I</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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	8	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	20
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section 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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		No
b		
11a	Yes	
b		
12a	Yes	
b	Yes	
c	Yes	
13	Yes	
14	Yes	
15		
a	Yes	
b		No
16a		No
b		
16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	PA , WI , WA , OH
18	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 ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	DONALD TINKER 700 TRUMBULL DRIVE PITTSBURGH, PA 15205 (412) 361-3424

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) Average hours per week (list any hours for related organizations below dotted line)	(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-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHLEEN HOWER CEO / EXECUTIVE DIRECTOR	40 00	X		X				69,000	0	0
(2) JEFFREY A FORD CPA CHAIR	0 10	X		X				0	0	0
(3) CHARLES VARGO VICE CHAIR	0 10	X		X				0	0	0
(4) STEVE FRANK TREASURER	0 10	X		X				0	0	0
(5) REV EUGENE F LAUER STD SECRETARY	0 10	X		X				0	0	0
(6) MIMI FALBO DNP RN BOARD MEMBER	0 10	X						0	0	0
(7) ROBIN SHELDON ESQ BOARD MEMBER	0 10	X						0	0	0
(8) MAHMOOD MIKE USMAN MD MMM BOARD MEMBER	0 10	X						0	0	0
(9) PATRICIA RAMBASEK CFRE BOARD MEMBER	0 10	X						0	0	0
(10) KATHLEEN MUSANTE PHD BOARD MEMBER	0 10	X						0	0	0
(11) GEOFFREY STILLSON BOARD MEMBER	0 10	X						0	0	0
(12) ALBERTO M COLOMBI MD MPH BOARD MEMBER	0 10	X						0	0	0
(13) MICHAEL ROONEY BOARD MEMBER	0 10	X						0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	69,000	0	0

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

		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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	7,833				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	32,122				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,524,167				
	g	Noncash contributions included in lines 1a-1f \$		3,509,080				
	h	Total. Add lines 1a-1f			4,564,122			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		37,950			37,950	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)		-2,570	-2,570		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .						
		a		50,225				
		b	Less direct expenses	b	23,125			
		c	Net income or (loss) from fundraising events . .		27,100			27,100
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances . .						
		a		95,493				
		b	Less cost of goods sold . . .	b	0			
		c	Net income or (loss) from sales of inventory . .		95,493	95,493		
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			4,722,095	92,923	0	65,050	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	102,934	102,934		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,887,802	2,887,802		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	69,000	69,000		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	646,883	461,873	94,671	90,339
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,929	49,621	5,261	7,047
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	300		300	
c	Accounting	27,943	12,526	14,170	1,247
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	5,651		5,651	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	180	180		
12	Advertising and promotion				
13	Office expenses	16,618	14,264	2,314	40
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	25,398	22,729	2,662	7
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	41,011	39,371	1,640	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,997	69,193	1,804	
23	Insurance	23,853		23,853	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	POSTAGE & SHIPPING	158,391	158,209	182	
b	WAREHOUSE AND OFFICE RE	62,576	58,998	3,578	
c	PRINTING, DUES, & PUBLI	14,135	126	2,966	11,043
d	OUTREACH ACTIVITIES	7,508	7,508		
e	All other expenses	15,067	4,415	7,722	2,930
25	Total functional expenses. Add lines 1 through 24e	4,238,176	3,958,749	166,774	112,653
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			38,588	1	49,449
	2	Savings and temporary cash investments			860,812	2	312,231
	3	Pledges and grants receivable, net			29,885	3	17,556
	4	Accounts receivable, net			37,285	4	39,887
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.					
						5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.					
						6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			3,273,042	8	3,879,907
	9	Prepaid expenses and deferred charges			39,727	9	34,788
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	2,658,886			
	b	Less: accumulated depreciation	10b	338,149	2,376,631	10c	2,320,737
	11	Investments—publicly traded securities			816,418	11	897,770
	12	Investments—other securities. See Part IV, line 11.				12	
	13	Investments—program-related. See Part IV, line 11.				13	
Liabilities	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.			27,473	15	17,678
	16	Total assets. Add lines 1 through 15 (must equal line 34).			7,499,861	16	7,570,003
	17	Accounts payable and accrued expenses			25,589	17	26,464
	18	Grants payable				18	
	19	Deferred revenue			545,337	19	297,858
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,560,000	23	1,440,000
Net Assets or Fund Balances	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.				25	
	26	Total liabilities. Add lines 17 through 25.			2,130,926	26	1,764,322
		Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			5,318,141	27	5,776,525
	28	Temporarily restricted net assets			50,794	28	29,156
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			5,368,935	33	5,805,681
	34	Total liabilities and net assets/fund balances			7,499,861	34	7,570,003

Part XI Reconciliation 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	4,722,095
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,238,176
3	Revenue less expenses Subtract line 2 from line 1	3	483,919
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,368,935
5	Net unrealized gains (losses) on investments	5	-47,172
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	5,805,681

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b 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	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization GLOBAL LINKS	Employer identification number 52-1629060
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Part I

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).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

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 _____
- 5

☐

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)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

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)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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).**
- 11

☐

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
- a

☐

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.**
- 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.**
- 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.**
- d

☐

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.**
- e

☐

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
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	5,036,899	5,622,320	6,189,760	3,683,915	4,564,123	25,097,017
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,036,899	5,622,320	6,189,760	3,683,915	4,564,123	25,097,017
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						25,097,017

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	5,036,899	5,622,320	6,189,760	3,683,915	4,564,123	25,097,017
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,871	55,573	41,642	45,577	37,950	211,613
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						25,308,630
12 Gross receipts from related activities, etc (see instructions)					12	22,513
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						☒

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99 160 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	99 280 %
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶	☒	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶	☒	
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶	☒	
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶	☒	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶	☒	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not 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 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2014.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 ▶		
20 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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 "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.</i>		

Section 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 instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 <u>Activities Test</u> Answer (a) and (b) below.			
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? <i>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.</i>			
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? <i>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.</i>			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
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? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

► Complete if the organization answered "Yes," on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization GLOBAL LINKS	Employer identification number 52-1629060
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	2a
b	2b
c	2c
d	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

► \$ _____
► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

► \$ _____
► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2015

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

☐

b

Permanent endowment

☐

c

Temporarily restricted endowment

☐

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

☐

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d)Book value
1a Land				
b Buildings		2,485,770	197,137	2,288,633
c Leasehold improvements				
d Equipment		173,116	141,012	32,104
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,320,737

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	4,674,922
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-47,172	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	-47,172
3	Subtract line 2e from line 1		3	4,722,094
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included 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 and 4c.(This must equal Form 990, Part I, line 12)		5	4,722,094

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	4,238,176
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	4,238,176
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,238,176

Part XIII Supplemental Information	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Return Reference	Explanation
PART X, LINE 2	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPALS, THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS RELATIVE TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED. USING THAT GUIDANCE, MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GLOBAL LINKS

Employer identification number
52-1629060

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	DONATIONS OF MEDICAL SUPPLIES	2,088,062
(2) SOUTH AMERICA			PROGRAM SERVICES	DONATIONS OF MEDICAL SUPPLIES,LISTTOTAL 369024	348,651
(3) VARIOUS			PROGRAM SERVICES	DONATIONS OF MEDICAL SUPPLIES	544,401
(4)					
(5)					
3a Sub-total	0	0			2,981,114
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			2,981,114

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐

Yes

☒

No

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	MATERIAL ASSISTANCE IS MONITORED IN TWO WAYS, AN ASSESSMENT OF THE FACILITY THAT IS REQUESTING MATERIALS IS TYPICALLY PERFORMED BEFORE A SHIPMENT IS SENT SO THE TRUE NEEDS AND CAPABILITIES OF THE FACILITY ARE KNOWN, THIS INCLUDES DEVELOPING AN EXTENSIVE NEEDS LIST A COMPLETE DONATION LIST IS SENT TO THE RECEIVING INSTITUTION, THEY ARE ASKED TO CONFIRM RECEIPT AND COMPLETE AN EVALUATION OF THE MATERIALS RECEIVED NOTING ANY PROBLEMS OR CONCERNS GLOBAL LINKS STAFF USUALLY FOLLOW-UP WITH A VISIT TO THE INSTITUTION ON THE NEXT TRIP TO THE COUNTRY

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	SALES OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Additional Data

Software ID:
Software Version:
EIN: 52-1629060
Name: GLOBAL LINKS

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				63,952	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				81,119	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				712	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				21,128	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				25,936	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				19,012	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				14,102	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				15,432	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				16,919	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				15,106	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				75,233	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				53,860	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				22,364	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				1,834	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				2,654	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				230,858	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				276,580	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				58,125	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				24,370	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				64,024	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				5,758	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				12,588	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				62,111	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				18,505	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				11,497	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				13,245	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				5,245	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				5,245	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				3,934	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				71,224	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				136,661	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				99,462	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				167,594	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				91,353	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				23,392	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				29,427	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				29,308	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				53,515	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				38,898	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				55,259	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				15,312	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				20,967	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				20,183	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				15,913	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				2,175	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				15,246	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				775	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				20,962	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				14,849	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				125	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				125	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				125	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				1,243	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				82,685	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				12,809	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				9,996	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				53,067	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				21,057	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				18,235	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				17,248	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN				16,942	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA/CARIBBEAN				59,132	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		VARIOUS				544,401	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization GLOBAL LINKS	Employer identification number 52-1629060
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1 DIA DE LOS MUERTOS CELEBRATION (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
	1	Gross receipts	50,225		50,225
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	50,225		50,225
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	8,281		8,281
	8	Entertainment	7,409		7,409
	9	Other direct expenses	7,435		7,435
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			23,125
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			27,100

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))	
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶					
8	Net gaming income summary Subtract line 7 from line 1, column (d). ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a

Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b

If "No," explain _____

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b

If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility		%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493195005086

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GLOBAL LINKS

Employer identification number
52-1629060

Part I

General Information on Grants and Assistance

1

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

☒ Yes

☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL EQUIPMENT RECYCLING PROGRAM (1) (UPMC) 2200 MEMORIAL DR FARRELL, PA 16121	25-1423657	501(C)(3)		19,350	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	THE MATERIAL DONATED TO MEDICAL EQUIPMENT RECYCLING PROGRAM (UPMC) WAS PROVIDED TO IMPROVE HEALTH, COMMUNITY SERVICES, OR TRAINING PROGRAMS OF A HEALTH-CARE FACILITY, SOCIAL SERVICE AGENCY OR SCHOOL IN THE UNITED STATES
(2) AMERICAN RED CROSS OF WESTERN PA 2801 LIBERTY AVE PITTSBURGH, PA 15222	53-0196605	501(C)(3)		2,066	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
(3) HABITAT FOR HUMANITY RESTORE 212 YOST BLVD PITTSBURGH, PA 15221	25-1529652	501(C)(3)		5,373	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
(4) CHOSEN INTERNATIONAL MEDICAL ASSISTANCE 3638 W 26TH STREET ERIE, PA 16506	25-1451706	501(C)(3)		22,580	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
DRESS FOR SUCCESS (5) PITTSBURGH THE DESIGN CENTER 5001 BAUM BOULEVARD SUITE 500 PITTSBURGH, PA 15213	20-2388089	501(C)(3)		6,127	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
OFF THE FLOOR (6) PITTSBURGH 901 ALLEGHENY AVENUE PITTSBURGH, PA 15233	45-5436414	501(C)(3)		8,075	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
(7) GREATER PRINCE WILLIAM AREA COMMUNITY HEALTH CENTER INC 4379 RIDGEWOOD CENTER DRIVE SUITE 102 WOODBRIDE, VA 22192	83-0435138	501(C)(3)		5,000	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
(8) BLAND COUNTY MEDICAL CLINIC 12301 GRAPEFIELD RD BASTIAN, VA 24314	54-1074890	501(C)(3)		6,251	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
(9) OPERATION SAFETY NET MERCY COMMUNITY HEALTH 1518 FORBES AVENUE PITTSBURGH, PA 15219	25-1604115	501(C)(3)		7,184	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							0

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

Cat No 50055P

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
PART I, LINE 2	GLOBAL LINKS WILL ONLY DONATE MATERIALS TO U S ORGANIZATIONS WITH WHOM IT IS FAMILIAR, THAT IS, WE UNDERSTAND AND APPRECIATE THEIR MISSION AND THEIR APPROACH TO ACCOMPLISHING THAT MISSION

Additional Data

Software ID:
Software Version:
EIN: 52-1629060
Name: GLOBAL LINKS

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL EQUIPMENT RECYCLING PROGRAM (UPMC) 2200 MEMORIAL DR FARRELL, PA 16121	25-1423657	501(C)(3)		19,350	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	THE MATERIAL DONATED TO MEDICAL EQUIPMENT RECYCLING PROGRAM (UPMC) WAS PROVIDED TO IMPROVE HEALTH, COMMUNITY SERVICES, OR TRAINING PROGRAMS OF A HEALTH-CARE FACILITY, SOCIAL SERVICE AGENCY OR SCHOOL IN THE UNITED STATES
AMERICAN RED CROSS OF WESTERN PA 2801 LIBERTY AVE PITTSBURGH, PA 15222	53-0196605	501(C)(3)		2,066	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
HABITAT FOR HUMANITY RESTORE 212 YOST BLVD PITTSBURGH, PA 15221	25-1529652	501(C)(3)		5,373	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOSEN INTERNATIONAL MEDICAL ASSISTANCE 3638 W 26TH STREET ERIE,PA 16506	25-1451706	501(C)(3)		22,580	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
DRESS FOR SUCCESS PITTSBURGH THE DESIGN CENTER 5001 BAUM BOULEVARD SUITE 500 PITTSBURGH,PA 15213	20-2388089	501(C)(3)		6,127	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
OFF THE FLOOR PITTSBURGH 901 ALLEGHENY AVENUE PITTSBURGH,PA 15233	45-5436414	501(C)(3)		8,075	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PRINCE WILLIAM AREA COMMUNITY HEALTH CENTER INC 4379 RIDGEWOOD CENTER DRIVE SUITE 102 WOODBRIDE,VA 22192	83-0435138	501(C)(3)		5,000	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
BLAND COUNTY MEDICAL CLINIC 12301 GRAPEFIELD RD BASTIAN,VA 24314	54-1074890	501(C)(3)		6,251	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
OPERATION SAFETY NET MERCY COMMUNITY HEALTH 1518 FORBES AVENUE PITTSBURGH,PA 15219	25-1604115	501(C)(3)		7,184	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GLOBAL LINKS

Employer identification number
52-1629060

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1,010	3,504,826	SALE OF COMPARABLE PRODU
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Yes

No

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization GLOBAL LINKS	Employer identification number 52-1629060
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY BEFORE IT IS FILED
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS MEETS SIX TIMES PER YEAR AT THESE MEETINGS, ANY CONFLICTS OF INTEREST ARE DISCUSSED WITH THE DIRECTORS
FORM 990, PART VI, SECTION B, LINE 15A	THE PERSONNEL COMMITTEE OF THE BOARD EVALUATES THE CEO'S PERFORMANCE BASED ON A SELF-EVALUATION AND ON GOALS THAT WERE SET THE PREVIOUS YEAR THE BOARD THEN REVIEWS THE COMPENSATION AND VOTES ON ANY CHANGE IN COMPENSATION NO OTHER OFFICERS RECEIVE COMPENSATION THERE ARE NO KEY EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XII, LINE 2C	SCHEDULE O, PART XII, LINE 2C THE AUDIT COMMITTEE SELECTS THE INDEPENDENT ACCOUNTANT AND REVIEWS THE AUDIT, DISCUSSING ANY AREAS OF CONCERN WITH THE INDEPENDENT ACCOUNTANT AND GLOBAL LINKS' STAFF