

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Form **990** (2016)

922

Dep	artment of t	the Treasury					oers on this for its instructions					101		en to Pu Inspectio		29
A			endar year, or ta				1/1/2016			nding		12/31/				4
В		applicable	C Name of organiz		bal Charita	ble Fund					D Emp	loyer id	entification	number		- 9
	Address o	change	Doing business a		Charitable						]					عت
	Name ch	2000	Number and stre	•	if mail is not o	delivered to	o street address)	Room/	suite		46-4499					د
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$\prod$	Fınal return	n/terminated	Chicago				IL	6066		<del></del> .	1		· - · · · ·			- 🗢
$\overline{}$	<b>.</b>		Foreign country	name	Foreign p	province/si	tate/county	Foreig	n postal	code	0		4- 6	10.0	201 061	ຸ 🗲
ᆜ	Amended	i retum					-			<del>                                     </del>	G Gros	s receip	is \$	1,5,0	081,960	- :-
Ш	Application	on pending	F Name and addre							H(a) Is t	his a group re	etum for	subordinates?	Yes	<u> </u>	
_ز		l	David Hassan 1	118 N Clinto	n Street, S	uite 301	I, Chicago, IL	30661	$\sim$	H(b) A	re all subord	dınates ı	ncluded?	Yes	No	, <b>C</b>
<u>.</u>	Гах-ехет	pt status	X 501(c)(3)	501(c) (	) ◀	(insert no	) 4947(a)(1	) or 🔲	527	) If	"No," attacl	halist (	see instruct	ions)		_
ا لِيَّ	Vebsite	e: ► cgiv	ing org	<del></del>				ī		H(c) G	roup exemp	tion nur	nber ▶			O
		rganization	X Corporation	Trust	Associat	,	Other ▶		I Ver	ar of form				legal domicile		_
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نکی	Part I		<b>mmary</b> escribe the orga	nization's a	neelon or r	nost sig	nificant activities		Eac:	litation	charitabl	a don	ations thro	ough		_
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Activities & Governance		uonor au	Mised Idilas													
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支	6		mber of voluntee				(0) 1 10						6	<del></del>		3
⋖	7a		elated business				• • •					_	7a			<u>0</u>
	<u> </u>	Net unre	lated business t	taxable inco	me from F	orm 990	)- I, line 34						7b	0 . 11/		<u>0</u>
	8	Contribu	tions and grants	· (Part \/III	line 1h)					<del> </del>	Prior Yea		162	Current Yea		_
Revenue	9	Contributions and grants (Part VIII, line 1h)								10,403,063			/03	19,0	081,960	7
Ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)							<del> </del>				<u>_</u>		7	
8	11		venue (Part VIII				•	.\		<del>                                     </del>			<del></del>			<u>~</u>
	12		enue add lines 8	-	•			•			10	,403,0	163	19,081,960		<u>,</u>
_	13		ind similar amou					10 12)		<del>                                     </del>		,946,2			325,95	
	14		paid to or for m							0,010,210				0		<u></u>
ı,	15		other compensat					s 5–101	1							<u>_</u>
xpenses	16a		onal fundraising			•	, ,	00 10,	'	-			_			<u>-</u>
per	b		draising expens						0		Z,					_
й	17		penses (Part IX								<del>`</del> _					ō
	18		penses Add line					25)		<b> </b>	8	,946,2	213	17 (	325,95	_
	19	Revenue	e less expenses	Subtract	re By G	line 12	(- 9) ////	/		<del></del>		,456,8			456,00	
5				<u> </u>		N.				Begin	ning of Cu			End of Yea		_
Net Assets or	20	Total ass	sets (Part X, line	BB) MAY	08201	\$ <b> </b> 9						,391,6		3,8	329,68	5
Ž	21		olities (Part X, I										0		(	ō
ž	22		ts or fund balar		of line 21	from line	20				2	,391,6	889	3,8	329,68	5
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Si	gn		1)000													_
	re	[	Signature of officer	11		۷.	~ .				D	ate //	/26/	18		
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US	e Only	y <del> </del>	's address ► 565				CHICAGO II 6	0661			1					<b>-</b> /
_	41										Phone no	<u> </u>	12-906-5			_
Ma	ıy the IF	3 discus	s this return with	ı tne prepai	rer shown a	above?	(see instruction	S)						Yes	N	0

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2016)	Global Charitable Fund	46-4499862	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<del> : :</del>	
1		lescribe the organization's mission:		
		ing charitable donations through donor advised funds		
2	Did the	organization undertake any significant program services during the year which were not listed on	<del> </del>	
-		Form 990 or 990-EZ?	Yes	X No
	-	describe these new services on Schedule O		-
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O	<del></del>	
4	Describ	e the organization's program service accomplishments for each of its three largest program services	, as measured by	
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others	1
	the total	expenses, and revenue, if any, for each program service reported		
		<del></del>		
4a		) (Expenses \$ including grants of \$ ) (Revenue		
	NONE			
			-	
4b	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	e \$	)
		×		
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue	e \$	)
4.1		rogram services (Describe in Schedule O )	<del></del>	
40	Other n			
4d	Other p		0)	

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Part IV	Cneck	JIST OF R	eauirea	Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No_
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2		_X_
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		Х
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		Х
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,	5		x
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	x	
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> X</u>
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		<u>_x</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		v
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	MAR.	X 磁體部
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		х
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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		l	.,
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	-+	
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	j	Х
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ь	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	146		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>X</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<del></del>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
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		_X_
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		_X_
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		<u> X</u>

Parl	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	1 1		
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<del></del>		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	}		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		
23a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
<b>h</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		<del>-</del>
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	· · · · · · · · · · · · · · · · · · ·	256		Х
20	990-EZ? If "Yes," complete Schedule L, Part I	25b	_	-
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	20		V
^-	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	Ì		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	[		v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1000	X
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? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	[ <u> </u>		
	Schedule L, Part IV	28b	-	X
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? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .	33	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	ł		ĺ
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			]
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		) '	1
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	)		Ì
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ł	1	}
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>

	90 (2016) Global Charitable Fund 46-449	9862	P	age <b>5</b>
Par	t 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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	ĺ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7 🔪	Ì	
	gaming (gambling) winnings to prize winners?	1c	Х	
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 2	1		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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	1	l	ļ
	account)?	4a		X
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		ļ	
	(FBAR)	t		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Ì	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		,	
	required to file Form 8282?	7c	İ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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	L	
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	<u></u>	Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u>L</u> _	X
10	Section 501(c)(7) organizations. Enter.	}	1	1
а	Initiation fees and capital contributions included on Part VIII, line 12	_	İ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_	Į	[
11	Section 501(c)(12) organizations. Enter.	1		ŀ
а	Gross income from members or shareholders	_		ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources			ļ
	against amounts due or received from them )		L	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	] .		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			_
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		}
	the organization is licensed to issue qualified health plans	_		1
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Sect	ion A. Governing Body and Management	·	_						
	·	ı		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	1		[ [				
	If there are material differences in voting rights among members of the governing body, or		13		1				
	if the governing body delegated broad authority to an executive committee or similar		17.		1				
	committee, explain in Schedule O.		, ,	,					
b	· · · · · · · · · · · · · · · · · · ·								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with							
	any other officer, director, trustee, or key employee?		2		_X_				
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?.								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		X				
6	Did the organization have members or stockholders? .	•	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint							
	one or more members of the governing body?	.,	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i.							
	stockholders, or persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during							
	the year by the following:	•			,				
а	The governing body?	•	8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х				
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.	)					
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Х					
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"							
	describe in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?	•	14		X				
15	Did the process for determining compensation of the following persons include a review and appro	val by	1						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	,						
а	The organization's CEO, Executive Director, or top management official		15a		Х				
b	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	gement	L.						
	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	uate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		Ì		]				
	the organization's exempt status with respect to such arrangements?		16b						
Sect	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► IL								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	)s only	/)					
	available for public inspection. Indicate how you made these available. Check all that apply								
		(plain in Schedule O)							
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police									
	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 to		•						
	David Hassan	847-274-9594							
	118 N Clinton Street, Suite 301, Chicago, IL 60661	<del></del>							

Form 990 (2016)	Global Charitable Fund									46-44998	62 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ctors, Trustee	es, K	ey	En	plq	yee	s, t	lighest Comp	ensated	
	Employees, and Independent C										
	Check if Schedule O contains a re					_				· · · · · · · · · · · · · · · · · · ·	· · <u> </u>
Section A.	Officers, Directors, Trustees, Key E										
•	this table for all persons required to be l	isted Report co	mper	nsat	on i	for t	he ca	lend	dar year ending v	with or within the	
organization's	· ·										
	of the organization's <b>current</b> officers, di ion Enter -0- in columns (D), (E), and (l						luals (	or o	rganizations), re	gardless of amo	unt
	of the organization's <b>current</b> key emplo										
who received	organization's five current highest con reportable compensation (Box 5 of Fori and any related organizations										yee)
	of the organization's <b>former</b> officers, ke eportable compensation from the organ							ed e	employees who r	received more th	an
organization,	of the organization's <b>former directors o</b> more than \$10,000 of reportable compe	ensation from the	e orga	anız	atıo	n an	id any	/ rel	ated organizatio	ns	the
	n the following order <sup>.</sup> individual trustees employees; and former such persons.	or directors, ins	titutio	onal	trus	stee	s, offi	cers	s, key employees	s, highest	
X Check the	is box if neither the organization nor any	related organiz	ation	cor	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
	(A) (B) Name and Title Average hours per		Average box, unless person is both an Reportable							(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee  Highest compensated  From the organization (W-2/1099-MISC)  from rel organization (W-2/1099-MISC)		from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) David I	lassan	7 00									
Executive Off			<u> </u>	<u> </u>	X	L	L		0	0	0
(2) Mark S	weenev	7.00	1	1	1	i	Ī				

	(A) Name and title	(B) Average hours per	box,	unie: er an	Pos neck ss pe	rson	than on the state of the state	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)						-		_			
(16)						F		-			
(17)											
(18)			-		-			-			
(19)				-		-		-			
			-			┞		-			
					_	$\vdash$		-		-	
				<del> </del>		-		-			
				_	_	$\vdash$	-	-	<u> </u>	<u> </u>	
				-	_	-		-			
(25)			<u> </u>	i		L		_			
1b				<u></u>	Ļ	L	<u> </u>	<u> </u>	0		0
c d	Total from continuation sheets to Part VII, S							<b>&gt;</b>	0	(	
2	Total number of individuals (including but not lin	mited to those his					recei		<u>~</u>	<del></del>	<u> </u>
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched	ector, or trustee,			loye	e, c	or higi	hes	t compensated		Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual.										4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y									vidual	5 X
Sec	tion B. Independent Contractors	oo, complete of	<i>377001</i>	270 0	101	000	,,, pc,	301	<u>,                                     </u>		
1	Complete this table for your five highest compecompensation from the organization. Report of year										tax
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation
								L			0
											C
								-			0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	tho	se	ıste	d abo	ove)	who received		, w

Total revenue. See instructions

	990 (201				46-4499	862 Page <b>9</b>
Par	t VIII					
		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
<b>40</b> 40	1a	Federated campaigns . 1a 0				
anta	ь	Membership dues	į		ļ	ļ
ع ق	c	Fundraising events 1c 0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d 0				į .
	e	Government grants (contributions) . 1e 0				
rtlor er S	f	All other contributions, gifts, grants, and			}	
출활		similar amounts not included above . 1f 19,081,960			}	
ğ	g	Noncash contributions included in lines 1a-1f: \$0			}	
	h	Total. Add lines 1a–1f	19,081,960		<u> </u>	ļ
e i	_	Business Code			- <del> </del>	
946	2a		0		<del> </del>	<del> </del>
œ	b		0		<del> </del>	<del> </del>
	C		0		<del> </del>	<del> </del>
s S	d		0		<del> </del>	<del> </del>
퉅		All other program service revenue .	0	<del></del>	<del> </del>	<del> </del>
Program Service Revenue	q	Total. Add lines 2a–2f	0	<del></del>	<del> </del>	<del> </del>
	3	Investment income (including dividends, interest, and		<del></del>	<del> </del>	<b> </b>
	•	other similar amounts)	0	•		
	4	Income from investment of tax-exempt bond proceeds •	0		<del> </del> -	<del> </del>
	5	Royalties	0		<u> </u>	
	`	(i) Real (ii) Personal				<u> </u>
	6a	Gross rents			ļ	
	b	Less rental expenses .	[		ļ	
	С	Rental income or (loss) . 0 0				
	d	Net rental income or (loss)	0		<u> </u>	<u> </u>
	7a	Gross amount from sales of (i) Securities (ii) Other				-
		assets other than inventory 0 0				
	b	Less. cost or other basis				
		and sales expenses . 0 0			Ì	]
	C	Gain or (loss) 0 0			·	<u> </u>
	a	Net gain or (loss) .	0		<del> </del>	<del> </del>
٥	8a	Gross income from fundraising		•	)	
Ž	) oa	events (not including \$ 0		i	]	
Š		of contributions reported on line 1c)	)			
Ř	1	See Part IV, line 18	Ì			
Other Revenue	b	Less: direct expenses . b 0	1		1	
δ		Net income or (loss) from fundraising events	0			
		Gross income from gaming activities.			T	
	1	See Part IV, line 19 a 0			1	
		Less direct expenses b0				
		Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less			}	1
		returns and allowances a 0			}	
		Less cost of goods sold b 0			- <del> </del>	
	_ <u>c</u>	Net income or (loss) from sales of inventory .	0		ļ	<del> </del>
	11a	Miscellaneous Revenue Business Code	ļ		<del> </del>	- <del> </del>
	b		0		<del> </del>	<del> </del>
	C		0		<del> </del>	<del> </del>
	d	All other revenue	0		<del> </del>	<del> </del>
	e	Total. Add lines 11a–11d .	ő		<del>                                     </del>	<del>                                     </del>
					<del>*</del>	

Part IX	Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all o	columns All other o	rganızatıons must c	omplete column (A)						
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 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									
	domestic governments. See Part IV, line 21	17,344,620								
2	Grants and other assistance to domestic	)		i						
_	individuals See Part IV, line 22	0								
3	Grants and other assistance to foreign	}								
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	281,337								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,	[								
_	trustees, and key employees .	0		0						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
-	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages Pension plan accruals and contributions (include	0								
8		l								
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0			<del></del>					
10		0								
11	Payroll taxes Fees for services (non-employees).	<b>├</b>								
a	Management	0								
a h	Legal	0		<del> </del>						
C	Accounting	0		<u> </u>						
q	Lobbying	0								
e	Professional fundraising services. See Part IV, line 17	0			<del></del>					
f	Investment management fees	0	<del></del>							
g	Other (If line 11g amount exceeds 10% of line 25, column									
•	(A) amount, list line 11g expenses on Schedule O.)	l o								
12	Advertising and promotion	0								
13	Office expenses	0								
14	Information technology	0								
15	Royalties	0								
16	Occupancy	0			· · · · · · · · · · · · · · · · · · ·					
17	Travel	0								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials .	0								
19	Conferences, conventions, and meetings	0								
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization .	0	0	0	0					
23	Insurance	0								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If									
	line 24e amount exceeds 10% of line 25, column	(								
	(A) amount, list line 24e expenses on Schedule O)	,								
а		0								
b		0	<del> </del>	<del></del>	<del></del>					
C		0	<del></del>							
ď		0			<del></del>					
e	All other expenses	0			<del></del>					
25	Total functional expenses. Add lines 1 through 24e	17,625,957	0	0	0					
26	Joint costs. Complete this line only if the	1,2-3,-31	<del> </del>		<u>-</u>					
	organization reported in column (B) joint costs				,					
	from a combined educational campaign and	Ì								
	fundraising solicitation. Check here	]	)	)						
	following SOP 98-2 (ASC 958-720)		1							

# Form 990 (2016) Global Charitable Fund Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,391,689	1	3,829,685
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	_5_	L	
	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			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	_7	0
•	8	Inventories for sale or use		_8_	<u></u>
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
	_	other basis Complete Part VI of Schedule D 10a 0			
	b	Less accumulated depreciation 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets .	0	14	0
	15	Other assets See Part IV, line 11 .	0 204 680	15	3 000 005
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses	2,391,689	16 17	3,829,685
	18	Grants payable	<del></del>	18	
	19	Deferred revenue	<del></del>	19	<del></del>
	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
(i)	22	Loans and other payables to current and former officers, directors,		- <u>-</u>	
Liabilities		trustees, key employees, highest compensated employees, and			
Ę		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
	)	Organizations that follow SFAS 117 (ASC 958), check here ► X and			!
es	)	complete lines 27 through 29, and lines 33 and 34.			
änc	27	Unrestricted net assets	2,391,689	27	3,829,685
3ali	28	Temporarily restricted net assets		28	<del></del>
<u> </u>	29	Permanently restricted net assets		29	
Ë	ļ	Organizations that do not follow SFAS 117 (ASC958), check here			1
ř	[	complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	<del></del>
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>Vet</b>	33	Total net assets or fund balances	2,391,689	33	3,829,685
_	34	Total liabilities and net assets/fund balances	2,391,689	_	3,829,685
_	<u> </u>		2,001,0001	_ <del></del> _	0,020,000

orm 9	990 (2016) Global Charitable Fund	4	6-4499862	Page	e 12
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	19	,081,	960
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	,625,	,957
3	Revenue less expenses Subtract line 2 from line 1	3	1	,456,	,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,391,	689
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10	3	<u>,847,</u>	,692
Part				_	_
	Check if Schedule O contains a response or note to any line in this Part XII			. L	
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			7	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		<b>1</b>	1	~. I
	Schedule O.				<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			7.3	i
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			44.4	;
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			<b>恋</b> ·	J"
	separate basis, consolidated basis, or both.				1,5
	Separate basis Consolidated basis Both consolidated and separate basis			34	1 l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or	f			١ ٠٠٠
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	'	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	•	20011	S. Car	
	Schedule O			5% J	į į
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1200	-	
	the Single Audit Act and OMB Circular A-133?		3a	-	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			$\neg$	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form 9	90 (2	2016)

### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

► 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.

Inspection

		ie organization					Employer Identification	number	
		haritable Fund					46-44	99862	_
Par	_	Reason for Public Char							_
The	orga	inization is not a private foundat	•	_			•	$\sim$	
1	Ш	A church, convention of church	es, or association of	f churches described ir	section	170(b)(1)	(A)(i).		
2		A school described in section 1	1 <b>70(b)(1)(A)(ii).</b> (Atta	ach Schedule E (Form	990 or 99	90-EZ))			
3	Ш	A hospital or a cooperative hosp	pital service organiz	ation described in sec	tion 170(l	b)(1)(A)(iii	i).		
4		A medical research organization hospital's name, city, and state.		nction with a hospital d	escribed i	n <b>section</b>	170(b)(1)(A)(iii). En	ter the	
5		An organization operated for the section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned	or operate	d by a go	vernmental unit desc	cribed in	-
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ection 170	)(b)(1)(A)(	(v).		
7	X	An organization that normally redescribed in section 170(b)(1)(			m a gove	rnmental u	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	ll)				
9		An agricultural research organiz or university or a non-land-granuniversity	zation described in s	section 170(b)(1)(A)(ix	) operated				
10		An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	is, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its	
11		An organization organized and	operated exclusivel	y to test for public safe	ty See se	ection 509	9(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or	section 50	09(a)(2). See section	n 509(a)(3).	
а	(	Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a					
b	\	Type II. A supporting organization(s) You must c	ne supporting organi complete Part IV, Se	zation vested in the sa ections A and C.	me perso	ns that co	ntrol or manage the	supported	
С	ì	Type III functionally integral its supported organization(s)	<b>ated.</b> A supporting c ) (see instructions)	organization operated ii You must complete P	n connect Part IV. Se	ion with, a ections A.	and functionally integ	rated with,	
d	[	Type III non-functionally in that is not functionally integr	itegrated. A support ated The organizat	ting organization operation generation	ited in cor sfy a distr	nection w	rith its supported org quirement and an att		
е	[	requirement (see instruction Check this box if the organiz functionally integrated, or Ty	zation received a wr	itten determination fror	n the IRS	that it is a		e III	
f		Enter the number of supported	•						)
g		Provide the following information		ed organization(s)					_
	(1)	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)	
					Yes	No			
(A)						-			
(B)	_								•
(C)							1		-
(D)									
(E)					<del>                                     </del>				
Tota									-

Schedule A (Form 990 or 990-EZ) 2016 Global Charitable Fund 46-4499862 Page 2 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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 10,403,063 19.081.960 2.880.623 32.365.646 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 2.880.623 10,403,063 19,081,960 32,365,646 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f). . . 6 Public support. Subtract line 5 from line 4 32,365,646 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 . 0 0 2.880.623 10,403,063 19,081,960 32,365,646 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on . 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). . . 32,365,646 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) 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 0 00% 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 0 00% . . 16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, b 33 1/3% support test-2015. 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—2016. 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—2015. 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

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

supported organization.

instructions

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## SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identification number
Globa	al Charitable Fund		46-4499862
Pari	Organizations Maintaining Done	or Advised Funds or Other Similar ered "Yes" on Form 990, Part IV, line	Funds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3,847,691	
2	Aggregate value of contributions to (during year) .	19,081,960	
3	Aggregate value of grants from (during year) .	17,625,957	
4	Aggregate value at end of year	3,847,691	
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	ın donor advised
	funds are the organization's property, subject	to the organization's exclusive legal control	ol? X Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that gran	t funds can be
	used only for charitable purposes and not for	the benefit of the donor or donor advisor, of	or for any other
	purpose conferring impermissible private ben	efit?	. X Yes No
Part	Il Conservation Easements.		
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held be		
	Preservation of land for public use (e.g., recr	eation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space	-	
2	Complete lines 2a through 2d if the organizat	on held a qualified conservation contributi	on in the form of a conservation
_	easement on the last day of the tax year.	ion note a qualification ration contains	Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation ease	ements	2b
С	Number of conservation easements on a cert		2c
d	Number of conservation easements included	* *	
	historic structure listed in the National Registe	er	. 2d
3	Number of conservation easements modified	, transferred, released, extinguished, or ter	minated by the organization during
	the tax year ▶		
4	Number of states where property subject to c		
5	Does the organization have a written policy re-	• • •	-
6	violations, and enforcement of the conservati Staff and volunteer hours devoted to monitoring, i		Yes No
•	Stall and volunteer flours devoted to monitoring, i	rispecting, nationing of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing con	servation easements during the year
	▶ \$		,
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		. Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in its revenu	ue and expense statement, and
	balance sheet, and include, if applicable, the	<u> </u>	nancial statements that describes
	the organization's accounting for conservation		
Par		ections of Art, Historical Treasures	
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	8.
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim	•	
	of public service, provide, in Part XIII, the tex		
þ	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim	•	ation, or research in furtherance
	of public service, provide the following amount	<del>-</del>	
	(i) Revenue included on Form 990, Part VIII,	line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		<u> </u>
	following amounts required to be reported un		
а	Revenue included on Form 990, Part VIII, line		• \$
h	Assets included in Form 990, Part X		<b>▶</b> \$

## **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Open to Public Inspection

Global Charitable Fund				}	46-4499862
			the United States. Comp	plete if the organization a	
	es' eligibility for th		rds to substantiate the amour stance, and the selection crit		. Yes No
2 For grantmakers. Description assistance outside the t		e organization's p	procedures for monitoring the	use of its grants and oth	ner
3 Activities per Region (T	he following Part	t I, line 3 table ca	an 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	expenditures for and investments in the region
(1)		<del></del>			
(2)					
(3)					
(4)					
(5)	-		<del></del>		
(6)		· 			
(7)					
(8)	-				
(9)					
(10)					
(11)			 		
(12)					
(13)			· · · · · · · · · · · · · · · · · · ·		
(14)			<del></del>		
(15)					
(16)			<del> </del>		
(17)			WAR STORY OF THE STORY CANADA	CM Market for N. Co.	
3a Sub-total .  b Total from continuation sheets to Part I .	0	0			0 12 4 13 5 14 5 15 0
C Totale (add lines 3a and 3h)			NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	A STATE OF THE PARTY OF THE PAR	

Page 2

Schedule F (Form 990) 2016 Global Chantable Fund

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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. Part II

 ł

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt A by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

Enter total number of other organizations or entitles

Schedule F (Form 990) 2016

Schear	Global Charitable Fund	<u>40-44</u> 9	9002	Page 4
Part	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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	X 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	X 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	X 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	X 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713: do not file with Form 990).	Yes	[X] No	

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

		s at www.irs.gov/form990.
	► Attach to Form 990.	(Form 990) and its instruction
•		Information about Schedule I (I

Open to Public OMB No 1545-0047 2016

Employer identification number

ş (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Yes 46-4499862 non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (c) IRC section f applicable (p) EIN SEE ATTACHMENT 1 (a) Name and address of organization Global Charitable Fund or government Part I Part II Ξ 5 Ξ 2 2 € 3 6 9 9 3 €

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

Schedule I (Form 990) (2016)

Global Chantable Fund

edule I (Form 990) (2016)

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. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
+						
2						
3						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, line	e 2, Part III, column	(b), and any other addit	tional information.

Part I Line 2 every time funds are sent, Global Charitable Fund reviews the organization

Schedule I (Form 990) (2016)

## **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

OMB No 1545-0047 2016

Form 990 or 990-EZ or to provide any additional information.			4010
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.	.gov/form990.	Open to Public Inspection
Name of the organization		Employer identi	fication number
Global Charitable Fu	nd	46-4499862	
Form 990, Part VI, S	ection B, Line 11b: All board members will review the Form 990 before		

Form 990, Part VI, Section B, Line 11b: All board members will review the Form 990 before
filing.
Form 990, Part VI, Section B, Line 12c Organization relies on self-reporting of its officers
with regards to any conflicts of itnerest. If an officer is an interested party, the governing
board proceeds according to its written policy
Form 990, Part VI, Section C, Line 19. Information is made available upon request
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