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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Ā	For the	2016 calend	ar year, or tax year beginning January 1st , 2016, and ending	Dec	ember 31:	st , 20 16	
В	Check if ap	opticable;	C Name of organization ?	D Emp	loyer ident	ification number 7	
	Address c	hange	Giobal Compassion Foundation		800	669212	
	Name cha	nge	Number and street (or P.O. box, if mail is not delivered to street address)	E Tele	phone num	ber	
Ļ	Initial retu		C/O 5020 North Washington	l	405-880-4612		
H	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exemp	otion	
┝	Applicatio		Stillwater, Oklahoma 74075	Nur	mber 🕨	onion 3/274	
G		ing Method:	✓ Cash Accrual Other (specify) ►			ne organization is not	
ı	Website	r. ▶ globa	elcompassionfoundation.com			n Schedule B	
J	Tax-exen	npt status (ch	eck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	990, 99 0 -E	Z, or 990-PF).	
ĸ	Form of	organization	Corporation Trust Association Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets			
(P	art II, col	umn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		
	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see th				
_			the organization used Schedule O to respond to any question in this Part	<u> 1</u>		<u> </u>	
	1	Contribution	ons, gifts, grants, and similar amounts received		1	127,275	
	2	Program s	ervice revenue including government fees and contracts		2		
	2 3	Memberst	ip dues and assessments		3		
	4	Investmen	1		4		
	5a		ount from sale of assets other than inventory 5a		4		
~	Ь		or other basis and sales expenses		4		
2017	6 6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Indicate the sale of assets other than inventory (Subtract line 5b from line 5a) .		5c		
-	a		ome from gaming (attach Schedule G if greater than				
	<u> </u>	\$15,000)			4		
O NO	b		ome from fundraising events (not including \$ of contributions)	ons]]		
≒ à	Ĕ		raising events reported on line 1) (attach Schedule G if the				
			ch gross income and contributions exceeds \$15,000)		-		
삨	6		ct expenses from gaming and fundraising events	ubtract	-		
SCANNED	d	line 6c)	le of (1055) from gaining and fundraising events (add lines of and ob and s	MUDUACI	6d		
K	70	•	es of inventory, less returns and allowances		60		
\mathcal{S}	7a		es of inventory, less returns and allowances		4		
~,	C		fit or (loss) from sales of inventory (Subtract line 7b from fine 7a)	-	7c		
	8		nue (describe in Schedule O)	ان	8		
	9		House. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	.181	9	127,275	
	10		d similar amounts paid (list in Schedule O)	. 2	10	114,021.	
	11		aid to or for members	기류	11		
9	12	•	other compensation, and employee benefits 2 . LUGUEN, U.T		12		
	1 42		al fees and other payments to independent contractors ?		13		
1	14	Occupano		14			
ů	15	•	ublications, postage, and shipping		15	554.	
	16		enses (describe in Schedule O) 2		16		
	17		enses. Add lines 10 through 16		17	114,575.	
_	, 18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	12,700.	
į	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agr	ee with			
Č	?	end-of-ye	ar figure reported on prior year's return)		19	119,444.	
	20		nges in net assets or fund balances (explain in Schedule O)		20		
-	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u> Þ</u>	21	132,144.	
						000 F7	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2016)

•			ule O to respond to a	ny question in this	Part II	: :	(B) End of year	
	20	Cook aguings and investments		Ì	119,444	. 22	132,14	
	22 23	Cash, savings, and investments			117,444	23	132,11	
	24	Land and buildings		<i></i>		24		
	25	Total assets		}	119,44		172	
	26	Total liabilities (describe in Schedule O)				26	132,1	
	20 27	Net assets or fund balances (line 27 of colu			119,444		132,14	
7	Par					11		
_ '		Check if the organization used Sched				ıl	Expenses	
i	What	t is the organization's primary exempt purpose?				(Required for section 501(c)(3) and 501(c)(4)		
		ribe the organization's program service accon					(c)(3) and 50 (c)(4) anizations; optional	
		neasured by expenses. In a clear and concise				_	ers.)	
		ons benefited, and other relevant information fo		, , , , , , , , , , , , , , , , , , , ,				
?	28	Haiti: water well drilling program, water filter inst	allations, food and medi	cal aid. Personally o	lelivered, food			
		supplies, held medical clinics, and facilitated imp	lementing and operating	g well drilling progra	m, including	ſ	1	
		supplying equipment for getting clean water avail	able to the people there	. Aprrox number he	lped: 5,000	l	ì	
	?	(Grants \$) If this amo	unt includes foreign gra	ants, check here .	▶ 🗆	28	62,1	
	29	Orphanage support to facilities in Mexico, Haiti, a	nd India. Superivised b	uilding and repair pr	ojects and	(1	
		furnished funds for supplies, food, and operation	al needs. Approx numb	er helped: 100		1		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			· · · · · · · · · · · · · · · · · · ·	1		
		<del></del>	unt includes foreign gra			29	36,9	
	30	Aid to various other organizations involved in he	ping the poor, displace	d, and injured in nee	d	1	1	
		Approx number helped: 1,000				ļ		
						1	1	
			unt includes foreign gr	ants, check here .	<u> ▶ ⊔</u>	30∉	14,9	
	31	Other program services (describe in Schedule	•			1_		
		(Grants \$ ) If this amo	unt includes foreign gr	ants, check here		318		
	32	(Grants \$ ) If this amo  Total program service expenses (add lines 2	unt includes foreign gra Ba through 31a)	ants, check here	🕨	32	1140	
		(Grants \$ ) If this amo Total program service expenses (add lines 2  List of Officers, Directors, Trustees, and	unt includes foreign gra Ba through 31a) Key Employees (list eac	ants, check here	<b>&gt;</b> npensated—see the	32	1140	
	32	(Grants \$ ) If this amo  Total program service expenses (add lines 2	unt includes foreign grass through 31a).  Key Employees (list each ule O to respond to a	ants, check here  th one even if not con the guestion in this	npensated—see the	32 instru	1140	
	32	(Grants \$ ) If this amo Total program service expenses (add lines 2  List of Officers, Directors, Trustees, and	unt includes foreign gra Ba through 31a) Key Employees (list eac	ants, check here	npensated—see the Part IV (d) Health benefits contributions to emplo	32 instru	ctions for Part N	
	32 Par	(Grants \$ ) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo	unt includes foreign grant includes foreign grant Ba through 31a).  Key Employees (list each ule O to respond to a but to a constant to be a constant to a constant to be a constant.	ants, check here  th one even if not con     question in this     (c) Reportable     compensation     (Forms W-2/1099-MISC	npensated—see the Part IV (d) Health benefits contributions to emplo	32 instru	ctions for Part N	
	32 Par	(Grants \$ ) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title	unt includes foreign gra Ba through 31a)  Key Employees (list each ule O to respond to a  (b) Average hours per week	ants, check here  th one even if not con my question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	npensated—see the Part IV (d) Health benefits contributions to emplo	32 instru	ctions for Part N	
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		DEZEDIO Global Compassion Foundation EIN #80-0669212	<del></del>		aga 3	
	Part				_	
		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V. Yes	Mo	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	105	<b>80</b>	
ଡ଼ି	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		80	. ନ୍ମ
	<b>35</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		·	•
	b C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35%			
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c		S S	(ଜା
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			<u> </u>	. ت ا
	ხ 38a	Did the organization file Form 1120-POL for this year?	37b		<b>%</b>	į
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	<b>39</b> a	<u> </u>	d	ହ
		tf "Yes," complete Schedule L, Part II and enter the total amount involved 395	1			į
	39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9				( [
	b	Gross receipts, included on line 9, for public use of club facilities	1			1
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▷ ; section 4912 ▷ ; section 4955 ▷				
	В	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400		<u>~</u>	ହ
	C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	q	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		w/	-
	41	List the states with which a copy of this return is filed ▷				-
	42a	***************************************				-
	ь	Located at D ZIP + 4 D  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	-
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: >	42b	163	8	- -
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				; !
	C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: >	42c		4	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year				-
	<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No.	<u>;</u>
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	4416		d	٤
	C	Did the organization receive any payments for indoor tanning services during the year?	ଏଏc		d	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				1
	a <del></del>	explanation in Schedule O	440	-	9	-
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		8	• !
		Form 990-EZ (see instructions)	45h		w/	,

m 990-EZ <b>(</b> 20	016) Global Compassion				00707			<u> </u>
B Did th	he organization engage, directly or indidates for public office? If "Yes,"	indirectly, in political c	ampaign activities on	behalf	of or in opposi	tion	Yes	No
art VI	Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51.	s only						es
	Check if the organization used Sc	chedule O to respond	I to any question in t	his Par	t VI	<u> </u>		
7 Did tl	he organization engage in lobbying	activities or have a	section 501(h) election	n in ef	fect during the	tax 「	Yes	No
year?	year? If "Yes," complete Schedule C, Part II							
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	he organization make any transfers							
0 Com	s," was the related organization a s plete this table for the organization's oyees) who each received more tha	s five highest compen	sated employees (oth	er than	officers, direct		ees, ar	
<del></del>	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) (contribution benefit	Health benefits, utions to employee plans, and deferred ompensation	(e) Estima		unt o
				<del> </del>				
				<del> </del>				
				í		ĺ		
f Total	number of other employees paid o	ver \$100,000						
Com ₁ \$100	number of other employees paid or plete this table for the organization ,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent		<del> </del>	h receive		e th
Com ₁ \$100	plete this table for the organization,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."		<del> </del>			e th
Com ₁ \$100	plete this table for the organization,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."		<del> </del>			e tr
\$100	plete this table for the organization,000 of compensation from the org	n's five highest comp anization. If there is no	ensated independent one, enter "None."		<del> </del>			e th
1 Com; \$100 (a)	plete this table for the organizatior,000 of compensation from the org	n's five highest comp anization. If there is no indent contractor	ensated independent one, enter "None." (b) Type of ser		<del> </del>			e tr
Com; \$100 (a) d Total 2 Did	plete this table for the organization,000 of compensation from the org	n's five highest comp anization. If there is no indent contractor	ensated independent one, enter "None." (b) Type of ser	vice	(0	c) Compens	ation	
d Total 2 Did comper penalties	plete this table for the organization,000 of compensation from the org	n's five highest comp anization. If there is no indent contractor  ractors each receiving fule A? Note: All so	ensated independent one, enter "None."  (b) Type of ser  over \$100,000 ection 501(c)(3) organizing schedules and statem	▶ anizatio	ns must attac	h a	ation	No
d Total Did comper penalties, correct, an	plete this table for the organization,000 of compensation from the organization from the organization from the organization from the organization of particular policies of perjury, I declare that I have examined this id complete pectaration of prepare to the residence of particular policies of perjury. I declare that I have examined this id complete pectaration of prepare to the resident.	n's five highest comp anization. If there is no indent contractor  ractors each receiving fule A? Note: All so	ensated independent one, enter "None."  (b) Type of ser  over \$100,000 ection 501(c)(3) organizing schedules and statem	▶ anizatio	ns must attac	h a	ation	No
d Total 2 Did compler penalties a, correct, an	plete this table for the organization,000 of compensation from the org	n's five highest comp anization. If there is no indent contractor  ractors each receiving fule A? Note: All so	ensated independent one, enter "None."  (b) Type of ser  (b) Type of ser  over \$100,000  ection 501(c)(3) organization of which preparer	▶ anizatio	ns must attace	h a  Nowledge a	es []	No
d Total 2 Did compler penalties a, correct, an	plete this table for the organization,000 of compensation from the org	n's five highest comp anization. If there is no indent contractor  rectors each receiving fulle A? Note: All so is return, including accompan an officer) is based on all info	ensated independent one, enter "None."  (b) Type of ser  (b) Type of ser  over \$100,000  ection 501(c)(3) organization of which preparer	Panization	ns must attac	h a  Nowledge a	es []	No

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

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Total

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990,

Open to Public Inspection

Employer identification number Name of the organization **Global Compassion Foundation** 80-0669212 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 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An adricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/8% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetan (vii) Amount of isted in your governing (described on lines 1-10 support (see other support (see instructions) above (see instructions)) instructions) No Yes (A) (B) (C) (D) (E)

Schedul	e A (Form 990 or 990-EZ) 2016 G ODAL CUM	YOA 55.6	M FOUN	dation	EINA	80-0669	2/2 Page 2
Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	/70(b)(1)(A)(vi	i)
A / /	(Complete only if you checked th						alify under
14 7	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support				<del></del>		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its 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	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					F	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instruct	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>		-		1111
	on C. Computation of Public Suppor			<del> </del>		<del></del>	<del></del>
14	Public support percentage for 2016 (line		•			14	<u>%</u>
15 16a	Public support percentage from 2015 Scl 331/s% support test—2016. If the organibox and stop here. The organization qua	zation did no	t check the bo	x on line 13, a	nd line 14 is 3		
ь	331/2% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts facts-and-cire	s-and-circumst cumstances" te	ances" test, cl est. The organi	heck this box izatıon qualifie	and <b>stop here</b> s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	tion meets the "faction of the control of the contr	ne "facts-and- tts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, ched	k this box and	see □

	•						
Schedul	• A (Form 990 or 990-EZ) 2016 C/0 bal Qs  Support Schedule for Organiza	MORSSAN	. Founda	tion Ell	V# 80-	066 921	2 Page 3
Part	Support Schedule for Organiza	tions Descri	bed in Section	on 509(a)(2)			
	(Complete only if you checked the	e box on line	10 of Part I c	or if the organ	ization falled	to qualify und	der Part II.
	If the organization fails to qualify	under the tes	ts listed belo	w, please co	mplete Part II	.)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total_
1	Gifts, grants, contributions, and membership fees	ļ	İ	ł	ł	1	
_	received. (Do not include any "unusual grants.")	40936.	167648.	55874	86015	127,275	477,748.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	ł	1	1	ì	1	
	furnished in any activity that is related to the	i	- 1				
_	organization's tax-exempt purpose	0	<u>0</u>	0	0	<u> </u>	0
3	Gross receipts from activities that are not an					_	_
_	unrelated trade or business under section 513	0	0	9	0	0	0
4	Tax revenues levied for the	1	1	İ	1	1	
	organization's benefit and either paid to or expended on its behalf	ا					•
_	' ·	0	9	<u>0</u>		0	0
5	The value of services or facilities furnished by a governmental unit to the		į	(	1		
	organization without charge	o	0	ا	ol	o	0
6	Total. Add lines 1 through 5	40936	167648	55874	86015.	127275	477748
-	Amounts included on lines 1, 2, and 3	40,30	- 10.010	- 3307.1	000.10.1		
	received from disqualified persons .	o	o	o	o	o	0
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified	ľ	İ	Í	i	ľ	
	persons that exceed the greater of \$5,000	1	}		,	ļ	
	or 1% of the amount on line 13 for the year	o	o	0	o	0	0
C	Add lines 7a and 7b [	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)	l	1	1	1	1	477,748
	on B. Total Support			<del></del>	<del> </del>		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	40936.	167,648	55874.	86,015.	127,275.	477,748.
10a	Gross income from interest, dividends,		İ	1		ŀ	
	payments received on securities loans, rents, royalties and income from similar sources.		ا	إ		ا	•
L	· ·	0	0	0	0	- O	0
ь	Unrelated business taxable income (less section 511 taxes) from businesses					1	
	acquired after June 30, 1975	0	o	o	o	o	0
С	Add lines 10a and 10b	0	0				0
11	Net income from unrelated business						
••	activities not included in line 10b, whether			]		]	
	or not the business is regularly carried on		o	ol	o	اه	0
12	Other income. Do not include gain or					<del></del>	
	loss from the sale of capital assets			ļ			
	(Explain in Part VI.)	o	o	o	o	o	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	40936.	167,648.	55,874.	86015.	127,275.	477,748.
14	First five years. If the Form 990 is for the	_			_		
	organization, check this box and stop her			<u> </u>	<u> </u>	<u> </u>	· · <b>&gt;</b> 🖸
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8	3, column (f) div	ided by line 1	3, column (f))		15	100 %

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

## Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Global Compassion Foundation	80-0669212
Part 1: Line 10	
The breakdown of the total \$114,021 for Grants given are as follows:	
The breakdown of the total \$114,021 for Glants given are as follows.	
\$62,151. for aid to Haiti clean water well drilling program and medical clinics	
	,
\$36,912 for Orphanage support to facilities in Mexico, Haiti, and India	
\$14,958 for support of other benevelent organizations in the U.S	
\$114,021.00 total Grants	
·	
,	