

Form 990-PF

EXTENDED TO NOVEMBER 15, 2018

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Departmen	nt of the Ireasury	social security numbers on rs.gov/Form990PF for instr			Open to Public Inspection		
	Department of the Industry Internal Revenue Service ► Go to www.irs.gov/Form990PF for instructions and the latest information. I Open to Public Inspection For calendar year 2017 or tax year beginning , and ending						
	f foundation			A Employer identification	number		
				45 2720054			
	BAL G.L.O.W. and street (or P O box number if mail is not delivered to street a	ddrani	Room/suite	45-2738854			
	1 E. 4TH STREET NO. C61		Nonvalue	B Telephone number 949-306-34	50		
	town, state or province, country, and ZIP or foreign p		4	C If exemption application is pe			
•	TA ANA, CA 92705		,	o ii exemplior application is pe	arding, crock flat		
G Check	c all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	, check here		
	Final return	Amended return		2. Foreign organizations me	eting the 85% test.		
	Address change	Name change		Foreign organizations med check here and attach cor	nputation		
	k type of organization: X Section 501(c)(3) ex		0 ¥	E If private foundation state			
	ection 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year J Account	Other taxable private founding method: X Cash	Accrual	under section 507(b)(1)			
	·	ther (specify)	Accidai	F If the foundation is in a (under section 507(b)(1)			
(1101111		nn (d) must be on cash bas	ıs.)		(0), 011001(11010		
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes		
- 1 .	necessarily equal the amounts in column (a).)	<u> </u>		 	(cash basis only)		
1 2	Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B	2,609,392.	The second of the second	23.7	State of the state		
2 3	interest on savings and temporary	15.	15.	, , , ,	STATEMENT 1		
4	cash investments Dividends and interest from securities	19,894.	19,894.		STATEMENT 2		
1 1	a Gross rents				22 356 11 12 15 15 15 15 15 15 15 15 15 15 15 15 15		
l t	Net rental income or (loss)	15 10000	147 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	granting	14.5% A \$4.20 TO \$2.00		
	Net gain or (loss) from sale of assets not on line 10	1,236.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4 - 4 - 4 - 4 - 4 - 4 - 4			
enue t	Gross sales price for all assets on line 6a	12 July 19 - 15 -	发 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	を外におび をきげ	知。· 对为各种的智慧的人		
8 7	Cepitel gain net hicome (from Part IV, line 2)	F = 100 - 10	1,236.	31.7572 31.70	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ه ۳	Net short term capital and IEVED	3 - 3 - 3 - 3 - 3	And the second of	1,236.	11/47 1 -1 75/2 44/2 18 - 20 14/19 17		
9	Income montifications Solutions Solu	4. 1 (sh. 1) 1 (sh. 1	イリー 大田 内容な行 ロール 正面 電車所で				
108	and allowances NOV 2 1 2018 O	是 (SA) 17 17 17 17 17 17 17 17 17 17 17 17 17	5 - 12.5B, 1 12.17 11	THE TOTAL STREET	2 34 1 3 4 4 0 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Gross profit or (loss)	75	The same of the same of				
11	Other Income OGDEN, UT			<u> </u>	3		
12	Total. Add lines 1 through 11	2,630,537.	21,145.	1,236.	14, TE 1 2 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
13	Compensation of officers, directors, trustees, etc	88,359.	0.	0.	88,359.		
14	Other employee salaries and wages'	693,858.	0.	0.	693,858.		
15	Pension plans, employee benefits	30,232.	0.	0.	30,232.		
န္တိ 16a	Legal fees	20 224			20 224		
w _l	Accounting fees STMT 3	39,224. 291,435.	3,922.	0.	39,224. 287,513.		
	other professional fees STMT 4	231,433.	3,344.	<u> </u>	201,313.		
Administrative 10 0 11 12 12 12 12 12 12 12 12 12 12 12 12	Interest STMT 5	88,839.	0.	0.	88,839.		
19 19	Depreciation and depletion	7,242.	0.	0.			
를 20	Occupancy	89,052.	0.	0.	89,052.		
된 21	Travel, conferences, and meetings	103,282.	0.	0.	103,282.		
P 22	Printing and publications						
g 23	Other expenses STMT 6	402,054.	5,302.	0.	396,752.		
peratin 74		1 000 555			1 017 111		
	expenses. Add lines 13 through 23	1,833,577.	9,224.	0.	1,817,111.		
O 25		1,002,213.	<u> </u>	S 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1,002,213.		
26	•	2,835,790.	9,224.	0.	2,819,324.		
107	Add lines 24 and 25 Subtract line 26 from line 12;	7.3.3.7.7.7.4	J,444.		2,019,324.		
1	2 Excess of revenue over expenses and disbursements	-205,253.	3.	The state of the state of			
	Net investment income (if negative, enter -0-)		11,921.	2			
	Adjusted net income (if negative, enter -0-)	Part Land	A	1,236.	- 751		
	1-03-18 LHA For Paperwork Reduction Act Notic	e, see instructions.	•	^ =[Form 990-PF (2017)		

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

1 2017.05000 GLOBAL G.L.O.W

45-2738854 Form 990-PF (2017) GLOBAL G.L.O.W. Part: || Balance Sheets Attached schedules and amounts in the description Beginning of year (c) Fair Market Value (a) Book Value (b) Book Value 139,679 2,839,381 139,679 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts Inventories for sale or use 9 Prepaid expenses and deferred charges 266,866. 10a Investments - U.S. and state government obligations 266,866 STMT 8 990,151 990,151 b Investments - corporate stock STMT 9 322,410. 322,410. c Investments - corporate bonds 90,111. 11 Investments - land, buildings, and equipment, basis 73,680. 70,255 19,856. 70,255. Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ► PREPAID DEPOSIT 6,925. 6,925. 16 Total assets (to be completed by all filers - see the 12,796,286. 2,919,986. 2,796,286 instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified personate 21 Mortgages and other notes payable 14,037. 7,017. 22 Other liabilities (describe 14,037 7,017 23 Total liabilities (add lines 17 through 22) ightharpoonsFoundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 905,949 789,269. 24 Unrestricted 2,000,000. 2,000,000 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 2,905,949. 2,789,269 30 Total net assets or fund balances 2,919,986 2,796,286 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 2,905,949. (must agree with end-of-year figure reported on prior year's return) 205,253. Enter amount from Part I, line 27a <u>88,</u>573. Other increases not included in line 2 (itemize) **UNREALIZED GAIN** 2,789,269. Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 2,789,269. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form 990-PF (2017)

45-2738854 Form 990-PF (2017) GLOBAL G.L.O.W. Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) D - Donation 08/02/17 ISHARES CORE S7P SMALL CAP ETF P 07/11/17 926K SH US TREASURY BILL P 08/09/17 09/13/17 09/27/17 10/18/17 P 459K SH US TREASURY BILL d 67K SH US TREASURY BILL P 11/03/17 12/04/17 P e CAPITAL GAIN DIVIDENDS (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price ((e) plus (f) minus (g)) (or allowable) plus expense of sale 19,207. 19,147. 60. 924,984. 849. 925,833. _b 458,569. 262. 458,831. C 66,933. 50. 66,983. d 15. 15. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 over col. (j), if any as of 12/31/69 60. a 849. b 262. 50. đ 15. If gain, also enter in Part I, line 7 1,236. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). 1,236. If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Base period years Calendar year (or tax year beginning in) (d)
Distribution ratio
(col. (b) divided by col. (c)) (c) Net value of noncharitable-use assets Adjusted qualifying distributions 2,467,886 189,657. 13.012364 2016 2015 2014 2013 2012 13.012364 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years 13.012364 the foundation has been in existence if less than 5 years 3 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 2,747,082. 35,746,031. Multiply line 4 by line 3 119. Enter 1% of net investment income (1% of Part I, line 27b) 35,746,150. 7 Add lines 5 and 6 7 2,819,324.

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Form 990-PF (2017)

625531 2

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

Ta beampt operating foundations described in section 490((q)(2), check here ▶ ☐ and enter YMX on line 1. Date of ruing or determination letter: (attach copy of letter if a cessary-see instructions) b Demastic foundations that meet the section 494((q)) requirements in Part V, kerk here ▶ ☐ and enter YM or Part I, Inne 27. of Part I, Inne 27. A flother domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, Inne 12, col. (b). 2 Tax under section 511 (dimestic section 4947(q)) I) ruists and taxable foundations only, others, enter -0-) 3 Add lines 1 and investment inceine. Subtract tine 4 from line 3. Il zero or less, enter -0-) 5 Tax based on investment inceine. Subtract tine 4 from line 3. Il zero or less, enter -0-) 5 Tax based on investment inceine. Subtract tine 4 from line 3. Il zero or less, enter -0-) 5 Tax based on investment inceine. Subtract tine 4 from line 3. Il zero or less, enter -0-) 6 Exempt foreign organizations - tax winheld 3 source 7 Tax based on the subtract of the subtract time 4 from line 3. Il zero or less, enter -0-) 8 Backup withloading erronaucily withled 8 D	Form 990-I		(a) 4	940(h) 4940(e) o	r 40	45- 48-	2738	854	tion	Page 4	
Dates of Uniting or determination letter:	<u>```</u>	· · · · · · · · · · · · · · · · · · ·				15 (2)		12° 75.		<u>.</u> Lar	
b Densetic Goundations that meet the sections 4947(a)(a) requirements in Part V, check here		· · · · · · · · · · · · · · · · · · ·						78377 28577	e' (
a All other domestic foundations enter 2% of time 27b. Exempt foreign organizations, enter 4% of Part I, limit 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 2 38. 4 Subulbit à (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract fine 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract time 4 from line 3. If zero or less, enter -0- 6 Codesta-Payments: 2 2017 estimated bax payments and 2016 overpayment credited to 2017 6 Early and with application for extension of time to file (Form 888) 6 E. 490. 6 E. 490. 6 E. 490. 7 A 490. 8 Enter any peacity for underpayment of claimsted tax check here ☐ if Form 2220 is attached 8 0. 7 A 490. 9 Tax dee. If the folial of lines 5 and 9 is more than line 7, enter amount ower 9 Tax dee. If the folial of lines 5 and 9 is more than line 7, enter amount ower 9 Tax dee. If the folial of lines 5 and 9 is more than line 7, enter amount ower paid 10 overpayment. If the 7's more than the total of lines 5 and 8, enter the amount of line 1010 be: Credited to 2018 estimated tax ▶ 252. Retunded ▶ 10 2552. 11 Enter the amount of line 1010 be: Credited to 2018 estimated tax ▶ 252. Retunded ▶ 10 2552. 12 Enter the amount of line 1010 be: Credited to 2018 estimated tax ▶ 252. Retunded ▶ 10 2552. 13 During the tax year, ed the foundation attempt to unifluence any national, state, or local ligislation or did ri participate or inference in any political campager? 10 Did speem for than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition III the answer is "Yes" to to 1 b, attach a detailed description of the activities. 10 Did the foundation file Form 1122-P01, for this year? 11 Fries the amount (if any) of tax on political expenditures (section 4655) with political purposes? See the instructions for lines of the a						1			2	38.	
2 a vanier section 511 (comestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 add lines 1 and 2 4 Subtitle A (income) bax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract time 4 from line 3.1 if zero or less, enter -0- 5 Tax based on investment income. Subtract time 4 from line 3.1 if zero or less, enter -0- 5 Tax based on investment income. Subtract time 4 from line 3.1 if zero or less, enter -0- 5 Tax based on investment income. Subtract time 4 from line 3.1 if zero or less, enter -0- 6 December foregroments a 2017 estimated lax payments. Acid lines 5 althrough 60 feet of 2017 6 Evernpt foregrom organizations - kay withheld at source 6 tax pand with application for extension of time to 16th (Form 8668) 6 ded 0.0. 7 Total credits and payments. Acid lines 5 althrough 60 feet of 2017 7 Total credits and payments. Acid lines 5 althrough 60 feet of 2017 8 Enter than amount of 10 mile 10 to 5 credited to 2018 as failted tax V							36.5	12	# 7.7% 1.7%	32 G 8/2	
3 A Subtile A (mocron) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 1 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Conside/Pyments; 2017 estimated bax payments and 2016 overpayment credited to 2017 6 Description organizations - tax withheld at source 6 Cax pay dwith applicant for extension of time to life (from 8868) 6 Bax 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	c All ot	ner domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part	I, line 12, col. (b).			3.48			- 10 - 10	
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5 Tax based on investment income. Subtract lans 4 from line 3. If zero or less, enter -0- 6 Coedis/Payments. 6 Coedis/Payments. 7 Collision or Committed the Subtract lans 4 from line 3. If zero or less, enter -0- 6 Coedis/Payments. 8 D 6 Coedis/Payments. 8 D 6 Coedis/Payments. 8 D 6 Coedis/Payments. 9 D 7 D 8 D 8 D 8 D 9 D	3 Add I	nes 1 and 2				3			2	<u>38.</u>	
6 CreditsPayments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld all source c Tax paid with application for extension of time to file (Form 8660) d Backup withholding erroneously withheld d D D D D D D D D D D D D D D D D D D	4 Subtr	ile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; ot	ners, en	iter -0-)		4					
a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to this (Form 8868) d Backup withholding erroneously withheld d D. 7 Total credits and payments. Add lines 6a through 6d d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 5a through 6d Total credits and payments. Add lines 5a through 6d Total credits and payments. Add lines 5a and 8 is more than time 7; enter amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid To overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid to 252. In Refunded Line 7 in Interest 10 in 11 in		·				5	* 	v 2.65	2	<u>38.</u>	
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 68 through 64 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax dee. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Tenter the amount of line 10 to be. Credited to 2018 stainated tax. 1252. Refunded ▶ 11 0. Part.VII:A:\[Statements Regarding Activities \] 1a Dump the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 3 any potitical campaign? b Did it spend more than \$100 duming the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answers is "Yes" to a row, political expenditures (section 4955) imposed during the year: (1) On the foundation in connection with the activities. 1 Extent the reimbursement (if any) paid by this foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Extent the reimbursement (if any) paid by this foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Extent the reimbursement (if any) paid by this foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 3 Extent the reimbursement (if any) paid by this foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 4 Extent the reimbursement? If "yes," attach a conformed copy of the changes 3 Extent the statement required by General Instruction 7 5 Are the requirements of section 50(e) (relating to sections 4941 through 4945) satisfed either: 8 By strate a liquidation, termination, dissolution, or substantial contribution formished a copy o			ı	ı	_		3 4.		1. A. A.		
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld d					_	1	XXXXXX				
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 68 through 60 8 Enter any penalty for underpayment of estimated tax. Check here				4.0							
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 252. Refunded ▶ 11 0. PERTILIFIA. Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or infervene in any political campaign? 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is Yes to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 X X X X X X X X X X X X X X X X X X	•			4.9		3				<u>کی</u> ہیں۔	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter a mount over year of the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the 10 lines 5 and 8 is more than 10 lines 5 and 8 is m			64		0.	7. 8 · · · ·	3763		A PERSON		
3 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 9 0 10 0 252.									- 4		
10 Overpayment. If lime 7 is more than the total of lines 5 and 8, enter the amount or line 10 to be: Credited to 2018 estimated tax ▶ 252. Refunded ▶ 11 0. PEART.VIIF.4. Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did if spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition in the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1c Did the foundation file Farm 112e-POL for the year? 1c Did the foundation file Farm 112e-POL for the year? 2d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation № \$ 0. (2) On foundation managers. № \$ 0. 2 Has the foundation manager in any activities that have not previously been reported to the IRS? 2 Has the foundation manager in any activities that have not previously been reported to the IRS? 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 Has the foundation have marked description of the activities. 3 Has the foundation have make at least state as required by General instruction 7 4 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 4 By Sy share legislation that effectively amends the governing instruments of that no mandatory directions that conflict with the state law remain in the gover			cnea	•		_				<u> </u>	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 25.2 • Refunded ▶ 11 Part VIIFA: Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1a	-	·							2	52	
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8a Enter the states to which the foundation reports or with which it is registered. See instructions. CA , NM b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT 11 10 X		•	ete Part	t II, col. (c), and Part XV				7			
CA , NM b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 11 10 X				, (-,,				100 mg/s	5 25 5 5 15 5 5 15 5	- 1 - 2 - 2	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 11 10 X	8a Enter	the states to which the foundation reports or with which it is registered. See instruction	ıs. 🕨					100		reference Etailer	
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 11 10 X	CA	, NM							135 F 2		
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT 11 10 X	b If the	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney (General (or designate)				\$ 74.Z			
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses \$TMT 11 10 X	of eac	h state as required by General Instruction G? If "No," attach explanation	-	·					Х		1
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses \$TMT 11 10 X	9 Is the	foundation claiming status as a private operating foundation within the meaning of sec	tion 49	42(j)(3) or 4942(j)(5) for	caler	ndar		7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**	3376	
	year 2	017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," comp	lete Pa	rt XIV				9	X		V
	10 Did at	y persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing t	her names and addresses	<u>Ş</u>	TMT					

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	990-PF (2017) GLOBAL G.L.O.W. 45-273	<u>8854</u>		Page :
P	art VII-A Statements Regarding Activities (continued)			
		14.5	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		İ	
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► WWW.GLOBALGIRLSGLOW.ORG			
14	The books are in care of ▶ THE FOUNDATION Telephone no.▶949-3	06-3	450	
	Located at ► 2321 E. 4TH STREET NO. C616, SANTA ANA, CA ZIP+4 ►9			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	دِيهِ مُنْ مُنْ مُنْ	Sec. 15	v21477
	foreign country	2.34		1
Pá	art,VII;B Statements Regarding Activities for Which Form 4720 May Be Required	1 ****		1, 7, 7,
L.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	3 (70)	Yes	No
1:	During the year, did the foundation (either directly or indirectly):	34.	1 5	Jr", d
"	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	1834	(A. 74)	253
		£ 32.2	1	ية وأنش
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	200		3.0
	a disqualified person?	3690	2.2	10.00
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	25		3
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	100 P	- 50.50	120
	(5) Transfer any income or assets to a disqualified person (or make any of either available	85.4	1	
	for the benefit or use of a disqualified person)?	33.35		1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			34
	if the foundation agreed to make a grant to or to employ the official for a period after			(3)
	termination of government service, if terminating within 90 days.)	738	×	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1	****	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here	3/3-14	35.00	38
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	23	7.3	
	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	200	3.5°	()
	defined in section 4942(j)(3) or 4942(j)(5)):		3.50	
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			13
	before 2017?			75.7
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1. S. C. C.	12.4	1
	statement - see instructions.) N/A	2b	1.2° k.	والمساوعة
,	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	74.4	69.F	377 63
٠		28.48		Tirk Ni
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			\$30°.5
Ja	during the year? Yes X No			د خرید د خروره
			3	
0	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	1.2		27.5
,	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of heldings accounted the street period (1) the lapse of the 10. 15. or 20 year first phase heldings accounted the Commissioner under section 4943(c)(7)) to dispose of heldings accounted the commissioner under section 4943(c)(7)) to dispose of heldings accounted the commissioner under section 4943(c)(7)) to dispose of heldings accounted the commissioner under section 4943(c)(7)) to dispose of heldings accounted the commissioner under section 4943(c)(7)) to dispose of heldings accounted the commissioner under section 4943(c)(7)) to dispose of heldings accounted the commissioner under section 4943(c)(7)) to dispose of heldings accounted the commissioner under section 4943(c)(7)) to dispose of heldings accounted the commissioner under section 4943(c)(7)) to dispose of the commissioner under section 4943(c)(7) to dispose of the commissioner	78.00		
•	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	15 m	Z.E	Mo J.
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		77
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	?ક્ષ્યું હતું		West
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	<u> 4b </u>		<u> </u>
	Fi	orm 990)-PF ((2017)

Form 990-PF (2017) GLOBAL G.L.O.W.			45-27388	354	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued) '		
5a During the year, did the foundation pay or incur any amount to:				S. Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗶 No 📑	Osy X	电话语
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			28/16	
any voter registration drive?		Y	es 🗓 No 📑		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization				逐渐是	(4) (5) (5)
4945(d)(4)(A)? See instructions		XΥ	es 🔲 No 🗟		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			22	. Fr
the prevention of cruelty to children or animals?	or coods with a parpoon, or		es 🗶 No		2 054
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described				
section 53.4945 or in a current notice regarding disaster assistance? See instru	<u>-</u>	iii regulations	['	ર્ફ કે.\ વ્રક્ક 5b	× X
Organizations relying on a current notice regarding disaster assistance, check h				12.43 E	124 1 - 2 4
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		unnd			
	UIII LIIB LAX DECAUSE IL IIIAIIILA	X Y	🗀 🗸 🎼		劉懿官
expenditure responsibility for the grant?		<u> </u>	es 🔲 No 📗	等	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			1		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			泰利登	A.
a personal benefit contract?		Y6	es X No .	:38 BB.	[**] 1 27
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.			[22]	発表を	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	·· — ·· -		表。不是
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mai	nagers, Hignly			
	nin aannaastian				
List all officers, directors, trustees, and foundation managers and the	<u>-</u>	(c) Compensation	(d) Castobutions to	1	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) t	Expense Int, other
(4)	to position	`enter -0-)	compensation	allo	wances
		′			
			_	1	
SEE STATEMENT 12		88,359.	0.	<u> </u>	0.
]	
				1	
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."			
(-) Name and address of each ampleus and many than \$50,000	(b) Title, and average		(d) Contributions to employee henefit plans	(e) E	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accou	nt, other wances
JENNIFER L. ESTRADA - 2321 E. 4TH				-	
STREET NO. C616, SANTA ANA, CA 92705	40.00	78,029.	3,600.	1	0.
JENNY FAIRCHILD - 2321 E. 4TH STREET		,			
NO. C616, SANTA ANA, CA 92705	40.00	59,283.	3,600.		0.
			_,		<u>-</u> -
					
	 				
		ļ i			
Total number of other ampleyees paid over \$50,000				<u> </u>	
Total number of other employees paid over \$50,000				000 0	<u>0</u>
~			Form	930-1	F (2017)

Form 990-PF (2017)

P	Airt X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	F :	
· a	Average monthly fair market value of securities	1a	1,250,620.
b	Average of monthly cash balances	1b	1,531,371.
	Fair market value of all other assets	10	6,925.
ď	Total (add lines 1a, b, and c)	14	2,788,916.
	Reduction claimed for blockage or other factors reported on lines 1a and	7,	
٠	1c (attach detailed explanation)	17 miles	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,788,916.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41,834.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,747,082.
6	Minimum investment return. Enter 5% of line 5	6	137,354.
	art XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are		
ت	foreign organizations, check here X and do not complete this part.)	io cortain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2¢	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	 _
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	2.5	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,819,324.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	. 2.	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,819,324.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,819,324.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for	the section

Form **990-PF** (2017)

Part XIII. Undistributed Income	see instructions) ,	N/A		,
,	(a)	(b)	(c)	- (d)
,	/ Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2017		AND PROPERTY.	《京文》等是一个文字	
a Enter amount for 2016 only	《《 》(1985年)			
b Total for prior years:		·		
3 Excess distributions carryover, if any, to 2017.		表注意点影响的		
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016 ´				
f Total of lines 3a through e	Land of the Aller			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$				
a Applied to 2016, but not more than line 2a	THE RESERVE THE PROPERTY OF THE PARTY OF THE		经支票 300万个的 Na. 14300000 好好的 15000	STATE SECTION OF STATE SECTION
b Applied to undistributed income of prior				
years (Election required - see instructions)	不是我, 海上的 人名英格兰			THE CONTRACTOR OF THE CONTRACT
c Treated as distributions out of corpus	•			
(Election required - see instructions) d Applied to 2017 distributable amount		\$45000 Sept. (C. 180 Sept. 500 Sept.		图 20 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
e Remaining amount distributed out of corpus	がったいものでいること、といれた ダイムシ			
5 Excess distributions carryover applied to 2017				Tesse areman en Caran es, some la
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	THE A MERC THAT TO THE ENTIRE I			
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years'		•		
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed			Charles Warner Street	AND THE PROPERTY OF THE PROPER
d Subtract line 6c from line 6b. Taxable		,		
amount - see instructions	STATE OF THE STATE OF THE STATE OF	Market Child District Automation	THE PARTY OF THE P	STATE OF THE STATE
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2017. Subtract		TONAME CTOMS		entinger that will are so that the second section of the section of the second section of the section of the second section of the sectio
Innes 4d and 5 from line 1. This amount must				
be distributed in 2018				٤
7 Amounts treated as distributions out of	,)			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)			观察等外系统系统	
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7				
. 9 Excess distributions carryover to 2018.	j			
Subtract lines 7 and 8 from line 6a	Agric Marching Synther to a reference the war are			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017	[可能的](中国新疆)[2]	and the second of the Care of the	विकास विकास स्थान स्थान स्थान है ।	THE PROPERTY OF THE PARTY OF TH

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Form 990-PF (2017) GLOBAL	G.L.O.W.			45-27	38854 Page 10
Part XIV: Private Operating F		structions and Part VII-	A, question 9)	±3 47	JOOJ + rage 10
1 a If the foundation has received a ruling foundation, and the ruling is effective for	or determination letter that	it is a private operating	.		
b Check box to indicate whether the foun	dation is a private operatin	g foundation described in	section 🗓	4942(j)(3) or 49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014/	(e) Total
investment return from Part X for		-			-
each year listed	1,236.	0.	0.	0.	1,236.
b 85% of line 2a	1,051.	0.	0.	/ 0.	1,236. 1,051.
c Qualifying distributions from Part XII,					
line 4 for each year listed	2,819,324.	2,467,886.	<i>ب</i> ر 0	0.	5,287,210.
d Amounts included in line 2c not			7		
used directly for active conduct of					
exempt activities	149,434.	28,208.		0.	177,642.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	2,669,890.	2,439,678.	0.	0.	5,109,568.
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets		/		,	0.
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter		/			0.
2/3 of minimum investment return shown in Part X, line 6 for each year listed	91,569.	6,322.	0.	0.	97,891.
c "Support" alternative test - enter;					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	' /				0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					0.
(3) Largest amount of support from	/			1	0
an exempt organization					0.
(4) Gross investment income Part XV. Supplementary Info	rmation (Complet	o this part only if	the foundation b	ad \$5 000 or mor	0.
at any time during			the foundation in	au po,uuu or mor	e III assets
Information Regarding Foundation List any managers of the foundation where year (but only if they have contributed KYLIE SCHUYLER b List any managers of the foundation where years are the foundation where	on Managers: no have contributed more t more than \$5,000). (See se	han 2% of the total contri ection 507(d)(2).)			
other entity) of which the foundation ha			i an equally large portion	of the ownership of a par	rulership of
NONE					
2 Information Regarding Contribut Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions to	o preselected charitable of	rganizations and does no		ests for funds. If
a The name, address, and telephone num					
b The form in which applications should	bo submitted and informati	on and materials they sho	uld include:		•
c Any submission deadlines;		,			
d Any restrictions or limitations on award	is, such as by geographical	areas, charitable fields, k	ınds of institutions, or oti	her factors:	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	0011011011	
a Paid during the year				
ACHIANA ARMAN	NONE	NC	TO EDUCATE	•
1TH MIKRORIAN ROAD			DISADVANTAGED GIRLS	
KABUL, AFGHANISTAN	 	ļ		33,422.
ART OF A CHILD	NONE	ИC	TO EDUCATE	
KAYUNGA ROAD			DISADVANTAGED GIRLS	
MUYENGA-KAMPALA, UGANDA	-	 		34,167.
,				
AYENDA FOUNDATION	NONE	PC	TO EDUCATE	
1050 30TH STREET NW			DISADVANTAGED GIRLS	
WASHINGTON, DC 20007			-	3,300.
BATA FOUNDATION	NONE	ис	TO EDUCATE	
MARIKINA			DISADVANTAGED GIRLS	
MARIKINA, PHILIPPINES	<u> </u>		-i	3,530.
CEINODE, GHANA	NONE	NC	TO EDUCATE	
OFFICE NO. 2 GRACELAND'S BUILDING			DISADVANTAGED GIRLS	
MPEASEM-EAST LEGON ACCRA, GHANA			<u> </u>	31,000.
	NTINUATION SHEE	T(\$)	<u>▶ 3a</u>	1,002,213.
b Approved for future payment				,
	1	}	1	· ·
NONE				
		1		
	 	 	 	
		!		
			1	
		1	,	
	 	 	 	
		}		
		1		
Total		1	▶ 3b	0.
TVL01				rm 990-PF (2017)

Part XVI-A Analysis of Income-Producing Activ

	Unrelated	business income	Euglist	ed by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_		4-4		
b	_		\rightarrow		<u>.</u>
C	}		++		
d					
e	_				
·			+		
g Fees and contracts from government agencies			+		
2 Membership dues and assessments	<u> </u>		+		
3 Interest on savings and temporary cash	1		1 1 1	1.5	
investments			14	15.	
4 Dividends and interest from securities	—		14	19,894.	,
5 Net rental income or (loss) from real estate:		·			<u> </u>
a Debt-financed property	<u> </u>		+		
b Not debt-financed property			+		
6 Net rental income or (loss) from personal	1		1 1		
property	<u> </u>				
7 Other investment income					
8 Gain or (loss) from sales of assets other				1 000	
than inventory			18	1,236.	
9 Net income or (loss) from special events	•				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b			+		
¢		·	+		
d					
e	— 		+ +	21 145	
12 Subtotal. Add columns (b), (d), and (e)		0	• - 1	21,145.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	21,145
	.)				
				Purposes	
		nplishment of Ex	cempt l		
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			plishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			plishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			olishment of
Pârt XVI-B Relationship of Activities Line No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-			plishment of

723621 01-03-18

rait Avii	Exempt Organ		o and Transactions a	ino Relationsh	ips with Noncha	ritable		
1 Did the or			owing with any other organizat	ion described in secti	on 501(c)	T : ;	Yes	No
	-		ating to political organizations?					, ,
		ation to a noncharitable exemp						
(1) Cash		·	,	•		1a(1)		Х
(2) Other	assets					1a(2)		Х
b Other tran	sactions:					r Benevanse	7 7 7	
(1) Sales	of assets to a noncharital	ble exempt organization				1b(1)		Х
(2) Purci	nases of assets from a noi	ncharitable exempt organizatio	n			16(2)		X
(3) Renta	al of facilities, equipment,	or other assets				1b(3)		X
(4) Reim	bursement arrangements					1b(4)		<u>X</u>
(5) Loans	s or loan guarantees					1b(5)		X
		mbership or fundraising solici				1b(6)		<u>X</u>
		uling lists, other accets, or paid	· ·		1	10:		X
			schedule. Column (b) should a				ets,	
			coived less than fair market val	ue in any transaction	or sparing arrangement	, show in		
		other assets, or services received		(d) B				
(a) Line no	(b) Amount involved		table exempt organization	(u) Description	of transfers, transactions, ar	nd sharing arra	ngemen	is
		N/.	Α					
						· ········		
								
				 				
								
								
								
	· · · · · · · · · · · · · · · · · · ·		·					
					<u> </u>		-	
							_	
ın section	501(c) (other than section	n 501(c)(3)) or in section 527' edule.		,		Yes	X] No
	(a) Name of org	janization	(b) Type of organization		(c) Description of relation	nship		
	N/A							
 				 	_ _			
	·			 				
				 				
Under	nonalting of northy I donter to	that I have examined this return, incl	uding accompanying schedules and s	talements, and to the he	et of my knowledge —			
Sign Here		plete Declaration of preparer (other	than taxpayer) is based on all inform.		as any knowledge	May the IRS description with the shown below? X Yes	prepare See ins	er
1 9	Print/Type preparer's na		r's signature	Date	Check If PTI	N		
Paid	PATRICIA J		Tecia la Mayer	11/14/18	self- employed	00188	643	
Preparer	Firm's name ► MOS			7	Firm's EIN ▶ 91-			
Use Only								
	Firm's address ► 47	47 EXECUTIVE I	DRIVE, SUITE 1	300				
	SA	N DIEGO, CA 9:	2121		Phone no. 858-	<u>627-1</u>		
		·				Form 990)-PF ((2017)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

GLOBAL G.L.O.W.

45-2738854

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)(

) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

X 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

GLOBAL G.L.O.W.

GLUBA	п д.п.о.м.	4.	0-2/38854
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA BLISS C/O KYLIE SCHUYLER 157 EMERALD BAY LAGUNA BEACH, CA 92651	\$ 1,603,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BRAD MCNEALY 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EGUMBALL, INC. 7525 IRVINE CENTER DR. #100 IRVINE, CA 92618	\$35,390.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WENDY CUPPS 78 GOLDEN EAGLE IRVINE, CA 92603	\$\$13,650.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KARINA HAMILTON 405 ALDRICK HALL IRVINE, CA 92697	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NICOLE MATHER 23 DEL MAR NEWPORT COAST, CA 92657	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

GLOBAL G.L.O.W.

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition		0-2738654
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LOURDES NARK 25 BLACK HAWK IRVINE, CA 92603	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KATIE ROOTLIEB 2876 CHATEAU WAY LAGUNA BEACH, CA 92651	\$ 12,112.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CINDY SWENSEN 1601 EMERALD BAY LAGUNA BEACH, CA 92651	s 6,400.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	YVONNE BOSU 2396 CRESTVIEW DRIVE LAGUNA BEACH, CA 92651	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MELANIE SHANE 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	JOAN VALENTE 620 NEWPORT CENTER DRIVE STE. 1100 NEWPORT BEACH, CA 92660	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

GLOBAL G.L.O.W. /

GLOBA	L G.L.O.W. /	. 45	5-2738854
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KATHY MATSUI 4012 SUNRIDGE RD. PEBBLE BEACH, CA 93953	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	SHERI DIALYNAS 15 PELICAN HILL CIRCLE NEWPORT COAST, CA 92657	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	LESLIE HEARD 811 EMERALD BAY LAGUNA BEACH, CA 92651	\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	` (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	WILLIAM THOMPSON 660 NEWPORT CTR #200 NEWPORT BEACH, CA 92660	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	RICHARD LEBRUN 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	\$45,042.	Person X Payroll Noncash (Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	DAN HORGAN 17 S PEAK	\$51,600.	Person X Payroll Noncash (Complete Part II for
723452 11-01	LAUGNA NIGUEL, CA 92677	Cahadula D /Farm /	noncash contributions)

Employer identification number

GLOBAL G.L.O.W.

45-2738854

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SONYA BAUER 23 COLUMNAR LADERA RANCH, CA 92694	\$\$ <u>35,390.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	KASIA MAYS 34145 PCH DANA POINT, CA 92629	\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	JANE LEVY 220 POINSETTIA CORONA DEL MAR, CA 92625	\$\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	RYAN KORINKE 748 BOLSANA DRIVE LAGUNA BEACH, CA 92651	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	TOM OTTERBEIN 11 TROON DRIVE NEWPORT BEACH, CA 92660	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	JANET MONTAG 127 E. 73RD STREET NEW YORK, NY 10021	\$5,000 .	Person X Payroll Noncash (Complete Part II for

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

GLOBAL G.L.O.W.

45-2738854

Part l	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	LORIE COLLINS 2140 EAST OCEAN FRONT NEWPORT BEACH, CA 92663	- _ \$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	MARSH HOUSEHOLD 4646 GORHAM DRIVE CORONA DEL MAR, CA 92625	\$10,200.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	OL HALSELL FOUNDATION PO BOX 6300 SANTA ANA, CA 92705	- \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	ONGARO HOUSEHOLD 612 SEAWARD ROAD CORONA DEL MAR, CA 92625	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	CALIFORNIA BLISS C/O KYLIE SCHUYLER 47 RUE ESPARIAT AIX-EN-PROVENCE, FRANCE	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	ANGELS BASEBALL FOUNDATION 2000 GENE AUTRY WAY	- \$\$,000.	Person X Payroll Noncash
	ANAHEIM, CA 92806		(Complete Part II for noncash contributions)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

GLOBAL G.L.O.W.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	NUFACE	Total contributions	Person X
	1325 SYCAMORE AVE, SUITE A	\$10,000.	Payroll Noncash
	VISTA, CA 92081	:	(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	THE CENTER FOR LIVING PEACE FOUNDATION		Person X Payroll
	4139 CAMPUS DR	\$ 12,000.	Noncash
	IRVINE, CA 92612		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
· -		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
Vo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		<u> </u>	Payroll Noncash
		\$	(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll
		\$	Noncash

Employer identification number

GLOBAL G.L.O.W

iOBAL G.L ārtili Nonci	ash Property (see instructions). Use duplicate copies of P.	art II if additional space is needed	
art II Nonc	asii Fluperty (see instructions). Use duplicate copies of P	art it it additional space is needed	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a)			
No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
53 11-01-17			90, 990-EZ, or 990-PF) (2

Name of org	anization			Employer identification number			
_				45 050005			
GLOBAL Part III	Exclusively religious, charitable, etc., contr	ibutions to organizations described	in section 501(c)(7), (8), or	45-2738854 (10) that total more than \$1,000 for			
,	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follo	wing line entry c	11.1			
	Use duplicate copies of Part III if additional	al space is needed					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
1 4.11							
		(e) Transfer of gif	t				
	Transferee's name, address, ar	nd 71D + 4	Polationship of tra	nsferor to transferee			
F	rransieree's name, address, ar	IU ZIF + 4	Nelationship of tra	itsier or to d'ansieree			
(a) No. from	(b) Purpose of gift	(c) Use of gift	/d) Des	cription of how gift is held			
Part I	(b) Fulpose of girt	(6) 030 07 9.10	(4) 203	The state of the s			
-	(e) Transfer of gift						
	te) transier or girt						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
1							
j							
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
							
		(e) Transfer of gif	t				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
				<u> </u>			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
-		(e) Transfer of gif	l t				
				•			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			

						
FORM 990-PF INTERE	ST ON SAVI	INGS AND TE	MPORAR	Y CASH II	NVESTMENTS	STATEMENT 1
SOURCE		REV	(A) REVENUE NET PER BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME			15	· -	15.	0.
TOTAL TO PART I, LI	INE 3		15		15.	0.
FORM 990-PF	DIVIDEND	S AND INTE	REST F	ROM SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE ER BOOKS	(B) NET INVES MENT INCO	
INTEREST INCOME	19,894	<u>.</u>	0.	19,894.	19,89	4. 0.
TO PART I, LINE 4	19,894	ļ.	0.	19,894.	19,89	4. 0.
FORM 990-PF		ACCOUNT	ING FE	ES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET	(B) INVEST- INCOME	(C) ADJUSTED NET INCOM	
AUDIT BOOKKEEPING COMPLIANCE CONSULTING	_	12,000 10,529 6,200 10,495	•	0. 0. 0.		0. 12,000. 0. 10,529. 0. 6,200. 0. 10,495.
TO FORM 990-PF, PG	1, LN 16B	39,224	·	0.	`	0. 39,224.
FORM 990-PF		MILED DOOR	CCTONA	r pppg		
		THER PROFE	SSTONA.	L FEES	- ,	STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET :	(B) INVEST- INCOME	(C) ADJUSTED NET INCOM	
OUTSIDE SERVICES OTHER PROFESSIONAL	FEES	59,568 231,867		0. 3,922.		0. 59,568. 0. 227,945.
TO FORM 990-PF, PG	1, LN 16C	291,435	·	3,922.		0. 287,513.
	=					

FORM 990-PF	XAT	ES '	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES FILING FEES	88,579. 260.	0.	0.	88,579. 260.	
TO FORM 990-PF, PG 1, LN 18	88,839.	0.	0.	88,839.	
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVERTISING EVENT - GG GALA OFFICE EXPENSES UCI SUMMIT POSTAGE EDUCATION MAINTENANCE & REPAIRS WEBSITE MEALS MISCELLANEOUS UTILITIES DUES, LICENSES AND FEES INSURANCE HER STORY PROGRAM COSTS LONG BEACH PROGRAM COSTS LOS ANGELES PROGRAM COSTS PROGRAM SUPPLIES CREDIT CARD FEES CPT BUNCHE MIDDLE HERSTORY BANK FEES AUTO APPAREL ENTERTAINMENT EQUIPMENT LEASE GIFT	25,145. 149,434. 12,857. 40,548. 740. 7,326. 4,289. 2,433. 18,195. 13,090. 8,675. 8,588. 4,630. 30,745. 4,927. 11,985. 23,642. 11,028. 1,067. 4,734. 5,432. 4,257. 1,325. 2,849. 3,313.	0. 0. 0. 0.		25,145. 149,434. 12,857. 40,548. 740. 7,326. 4,289. 2,433. 18,195. 13,090. 8,675. 3,286. 4,630. 30,745. 4,927. 11,985. 23,642. 11,028. 1,067. 4,734. 5,432. 4,257. 1,325. 2,849. 3,313.	
GLOW STAFF RETREAT TO FORM 990-PF, PG 1, LN 23	402,054.	5,302.	0.	396,752.	
					

FORM 990-PF U.S. AND STATE/CITY GOVERN	NMENT OBLIGATIONS	STATEMENT 7
	THER OV'T BOOK VALUE	FAIR MARKET
SEE DETAIL ATTACHED X	266,866.	266,866.
TOTAL U.S. GOVERNMENT OBLIGATIONS	266,866.	266,866.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGAT	IONS	
TOTAL TO FORM 990-PF, PART II, LINE 10A	266,866.	266,866.
FORM 990-PF CORPORATE STO	ОСК	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE DETAIL ATTACHED	1,990,151.	1,990,151.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,990,151.	1,990,151.
FORM 990-PF CORPORATE BOY	NDS	STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET' VALUE
SEE DETAIL ATTACHED	322,410.	322,410.
TOTAL TO FORM,990-PF, PART II, LINE 10C	322,410.	322,410.
FORM 990-PF OTHER LIABILITY	ries	STATEMENT 10
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL LIABILITIES CREDIT CARD PAYABLE EMPLOYEE ADVANCE	296. 13,741. 0.	0. 6,480. 537.
TOTAL TO FORM 990-PF, PART II, LINE 22	14,037.	7,017.
4		

45-2738854

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 11
PART VII-A, LINE 10

NAME OF CONTRIBUTOR ADDRESS

BRAD MCNEALY

	T OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KYLIE SCHUYLER 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	PRESIDENT/FOUN 2.00	DER 0.	0.	0.
MARY MOORE HILL 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	SECRETARY 2.00	0.	0.	0.
DEBBI Z. HENSLING 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	TREASURER 1.00	0.	0.	0.
VIVIAN BROWNE 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	DIRECTOR 1.00	0.	0.	0 .
CARI GARFIELD 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	DIRECTOR 1.00	0.	0.	0
MELYNN SCHUYLER 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	DIRECTOR 1.00	0.	0.	0 .
KATHERINE ROOTLIEB 2321 E. 4TH STREET NO. C616 SANTA ANA, CA 92705	EXECUTIVE DIRE	CTOR 88,359.	0.	0 .
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	88,359.	0.	0.

Global G.L.O.W. FEIN: 45-2738854 2017 Form 990-PF

Part IX-A: Summary of Direct Charitable Activities

About Global G.L.O.W

Global G.L.O.W is a 501(c)(3) non-profit organization whose mission is to ignite the power of women and girls as a force for global transformation. G.L.O.W. stands for Girls Leading Our World and we are an incubator and accelerator of innovative ideas that ignite the power of women and girls. We serve women and girls who need us the most from vulnerable communities in the United States and abroad. Our selection criteria for programming is based on school district data in the U.S. and the multidimensional poverty index abroad. Global G.L.O W. launched its largest initiative, the HerStory Campaign, in 2014. All of our current programming for girls, in Southern California, across the US and around the world, falls within the HerStory campaign. Other projects are under consideration include. financial literacy and healthcare advocacy for women and girls, and STEM-related initiatives.

About Global G.L O.W.'s HerStory Campaign

Global G.L.O.W. launched the HerStory Campaign in 2014. It was developed by our Founder, who holds a doctorate in clinical psychology. Global G L.O.W's HerStory Campaign sparks the potential of over 5,000 girls annually in 27 countries worldwide, via weekly programming, local and global summits and through advocacy. We run HerStory programming in conjunction with a vast network of grassroots organizations to assure that our program is customized to meet the needs of each community. Partners include Litworld and 60 other local, community-based organizations who are vetted and closely evaluated prior to joining the campaign.

HerStory Programs Include.

- Local and International Out-of-School Programs: We combine mentoring, transformational literacy and art as tools for girls' empowerment in our innovative out-ofschool programs
 - Programs are delivered through an evidence-based, proprietary curriculum for girls based on social emotional literacy, mentorship and literacy.
 - We provide a complete pathway for adolescent girls with three different curricula for different age groups: HerStory LitClub, HerStory GLOW Club, HerStory Teen Club.
 - We provide a proprietary training program for women to serve as mentors who deliver our curricula to girls This includes leadership training and professional development.

Global G.L.O.W. FEIN: 45-2738854 2017 Form 990-PF

Part IX-A: Summary of Direct Charitable Activities (cont.)

- 2. Local, Regional and Global Summits: We convene girls to cultivate connections, learn from one another and build girls' leadership to drive community-based action.
 - We host local, regional and global summits to bring girls together to achieve our outcomes. The summits focus on:
 - Literacy (Story Summits)
 - o Community Action (Global HerStory Summit)
 - o Future Planning and College Readiness
 - o 21st Century Skills and Knowledge
- 3. Girl-Driven Advocacy: We amplify girls' voices to advocate for the resources, policies and change needed so they can grow up strong.
 - We create content to amplify girls' voices, tell their stories and educate the community about the needs of girls. We use this content to advocate for the resources needed to strengthen girls.

Our programs build girls' social-emotional and self-expression skills Social-emotional skills help girls learn effectively, work well with others and solve problems. These skills support academic learning and success in adult life, and alongside strong self-expression skills, help girls build strong voices.

With these skills in hand, girls grow into young women who become economically independent, are equipped to pursue a secure and fulfilling future and actively engage in improving their communities and feel they have the power to make positive change.

Global G L O.W FEIN 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility.

Recipient:

ASCHIANA

Address:

1th Mikrorian Road Kabul, Afghanistan

Amounts expended

by recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds:

than its intended purpose.

Date of reports

from recipient:

First report due October 31, 2018

Verification of reports: The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List Payment List

Date Paid	Amount	Payment Method	Purpose
1/26/2017	\$ 8,000.00	Wire of Cash	HerStory 2017 Program Costs
5/11/2017	\$ 8,000.00	Wire of Cash	HerStory 2017 Program Costs
6/6/2017	\$ 5,000 00	Wire of Cash	HerStory 2017 Program Costs
8/3/2017	\$ 8,000 00	Wire of Cash	HerStory 2017 Program Costs
11/3/2017	\$ 4,422 00	Wire of Cash	HerStory 2017 Program Costs

Global G L O W FEIN 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility

Recipient

Art of A Child

Address

Kayunga Road Muyenga-Kampala

Uganda

Amounts expended by

recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other than its intended

Diversion of funds

purpose

Date of reports from

recipient

First report due October 31, 2018

Verification of reports

The Foundation has no reason to doubt the accuracy or

reliability of the grantee's reports

Payment List

 Date Paid	Amount		Payment Method	Purpose	
5/11/2017	\$	9,167 00	Wire of Cash	HerStory Program Costs	
6/6/2017	\$	5,000 00	Wire of Cash	HerStory Program Costs ,	
8/3/2017	\$	10,000 00	Wire of Cash	HerStory Program Costs	
11/3/2017	\$	10,000 00	Wire of Cash	HerStory Program Costs	

Global G.L.O.W.
FEIN 45-2738854
2017 Form 990-PF
Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient.

BATA Foundation

Address:

Marikina Philippines

Amounts expended by

recipient:

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds than its intended purpose.

Date of reports from

recipient

First report due October 31, 2018

Verification of reports

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	、 Purpose	
3/1/2017	\$ 2,530 00	Bill Pay	HerStory 2017 2nd Quarter Program Costs	
7/13/2017	\$ 1,000.00	Bill Pay	HerStory 2017 4th Quarter Program Costs	

Global G L.O.W.
FEIN 45-2738854
2017 Form 990-PF
Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient.

CEINODE Ghana

Address:

Office No. 2 Graceland's Building

Mpeasem-East Legon

Accra, Ghana

Amounts expended by

recipient.

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for

Diversion of funds other than its intended purpose.

Date of reports from

recipient.

First report due October 31, 2018

The Foundation has no reason to doubt the accuracy or reliability of the grantee's

Verification of reports:

reports

Payment List

Date Paid	Amount		Payment Method	- ` Purpose	
4/7/2017	\$	11,000.00	Wire of Cash	HerStory 2017 Program Costs	
7/12/2017	\$	10,000.00	Wire of Cash	HerStory 2017 Program Costs	
10/6/2017	Ś	10.000.00	Wire of Cash	HerStory 2017 Program Costs	

Global G L O W FEIN 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility

Recipient.

Child Welfare Society

Address

140 Circular Road Freetown Sierra Leone

Amounts expended

by recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other than its

Diversion of funds:

intended purpose

Date of reports from

recipient.

First report due October 31, 2018

Verification of reports

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose
1/26/2017	\$ 20,980 00	Wire of Cash	HerStory 2017 Program Costs
4/3/2017	\$ 660 00	Wire of Cash	J HerStory 2017 Program Costs
4/7/2017	\$ 20,000 00	Wire of Cash	HerStory 2017 Program Costs
6/6/2017	\$ 5,000 00	Wire of Cash	HerStory 2017 Program Costs
7/12/2017	\$ 5,000 00	Wire of Cash	HerStory 2017 Program Costs
9/20/2017	\$ 15,000.00	Wire of Cash	HerStory 2017 Program Costs

Global G L.O W FEIN. 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient:

Foundation Toya/TOYA Foundation

Address:

Bourdon

Port-au-Prince, Haiti

Amounts expended by

recipient.

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other than

Diversion of funds

its intended purpose.

Date of reports from

recipient.

First report due October 31, 2018

Verification of reports. The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose	
3/3/2017	\$ 15,000 00	Wire of Cash	HerStory 2017 Program Costs	
3/16/2017	\$ 1,290 00	Wire of Cash	HerStory 2017 Program Costs	
7/12/2017	\$ 15,000 00	Wire of Cash	HerStory 2017 Program Costs	
10/6/2017	\$ 19,122 00	Wire of Cash	HerStory 2017 Program Costs	

Global G L O.W. FEIN: 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient:

Fundacion Bibiotec

Address:

Avda. Mare de Déu de Montserrat, 137

08037 Barcelona

Amounts expended by

recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds.

than its intended purpose

Date of reports from

recipient

First report due October 31, 2018

Verification of reports

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports -

Payment List

Date Paid	Amount		Payment Method	Purpose	
10/11/2017	\$	8,356 00	Wire of Cash	HerStory 2017 Program Costs	
11/17/2017	\$	8,356 00	Wire of Cash	HerStory 2017 Program Costs	

Global G.L.O.W.
FEIN: 45-2738854
2017 Form 990-PF
Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility

Recipient

Fundacion Museo Rayo

Address:

Concertado con el Ministerio de Cultura

Calle 8 No 8-53 Roldanillo, Valle del Cauca, Colombia.

Amounts expended by

recipient.

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

than its intended purpose.

Diversion of funds:

Date of reports from

recipient:

First report due October 31, 2018

Verification of reports:

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount		Payment Method	Purpose	
8/3/2017	\$	9,000.00	Wire of Cash	HerStory 2017 Program Costs	-
10/6/2017	\$	5,600.00	Wire of Cash	HerStory 2017 Program Costs	
10/18/2017	\$	(8,326.25)	Return of Funds	HerStory 2017 Program Costs	

Global G.L.O.W. FEIN 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient¹

Ghana

Address:

Information Services Department

P.Q. Box 745, Accra.

Amounts expended by

recipient.

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds:

than its intended purpose.

Date of reports from

recipient:

First report due October 31, 2018

Verification of reports:

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose
1/26/2017	\$ 11,330.00	Wire of Cash	HerStory 2017 Program Costs

Global G L.O W FEIN: 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

 ${\bf Substantiation\ of\ Expenditure\ Responsibility}.$

Recipient

Holy Cross

Address.

Akulatampara Colony Hıramandalam-532 4 59 Srikakulam District Andhra Pradesh, In dia

Amounts expended by

recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds

than its intended purpose.

Date of reports from

recipient:

First report due October 31, 2018

Verification of reports:

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount		Payment Method	Purpose	
2/3/2017	\$	6,000.00	Wire of Cash	HerStory 2017 2nd Quarter Program Costs	
4/3/2017	\$	1,186.00	Wire of Cash	HerStory 2017 2nd Quarter Program Costs	
5/11/2017	\$	5,977.00	Wire of Cash	HerStory 2017 2nd Quarter Program Costs	
10/6/2017	\$	4,000.00	Wire of Cash	HerStory 2017 2nd Quarter Program Costs	

Global G.L O.W FEIN. 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility.

Recipient

Kenya Education Fund

Address:

Ngong Rd

Nairobi, Kenya

Amounts expended by

recipient.

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds

than its intended purpose.

Date of reports from

recipient.

First report due October 31, 2018

Verification of reports:

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount		Payment Method	Purpose	
4/7/2017	\$	20,000.00	Check	HerStory 2017 Program Costs	
9/20/2017	\$	17,000.00	Check	HerStory 2017 Program Costs	

Global G L O W FEIN: 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility

Recipient

League of Young Female Leaders

Address.

Tamale Ghana

Amounts expended by

recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other than its

Diversion of funds:

intended purpose.

Date of reports from

recipient

First report due October 31, 2018

Verification of reports

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose	
1/26/2017	\$ 5,230 00	Wire of Cash	HerStory 2017 Program Costs	
6/6/2017	\$ 3,461 00	Wire of Cash	HerStory 2017 Program Costs	
9/20/2017	\$ 3,250 00	Wire of Cash	HerStory 2017 Program Costs	

Global G.L.O.W. FEIN 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility.

Recipient

Long Education

Address:

Amounts expended by

recipient:

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

than its intended purpose.

Diversion of funds:

Date of reports from

recipient:

First report due October 31, 2018

Verification of reports The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	_	Amount	Payment Method	Purpose
4/18/2017	\$	311.74	Wire of Cash	HerStory 2017 2nd Quarter Program Costs
4/28/2017	\$	(276.74)	Wire of Cash	HerStory 2017 2nd Quarter Program Costs
5/9/2017	\$	311 74	Wire of Cash	HerStory 2017 2nd Quarter Program Costs

Global G.L O W. FEIN 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility.

Recipient

Newi Women Initiative

Address '

Embassy House, 1st Fl, RM 117 Box 61192

Nairobi, Kenya 00200

Amounts expended by

recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds: than its intended purpose.

Date of reports from

recipient

First report due October 31, 2018

Verification of reports:

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount		Payment Method	Purpose	
4/18/2017	\$	311.74	Wire of Cash	HerStory 2017 2nd Quarter Program Costs	
4/28/2017	\$	(276.74)	Wire of Cash	HerStory 2017 2nd Quarter Program Costs	
5/9/2017	\$	311.74	Wire of Cash	HerStory 2017 2nd Quarter Program Costs	

Global G L O W. FEIN. 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient.

Nigeria Reads

Address:

Abuja, Nigeria

Amounts expended by

recipient:

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds:

than its intended purpose.

Date of reports from

recipient:

First report due October 31, 2018

Verification of reports:

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose
1/26/2017	\$ 7,150.00	Wire of Cash	HerStory 2017 Program Costs
4/20/2017 J	\$ 640.00	Wire of Cash	HerStory 2017 Program Costs
5/11/2017	\$ 7,000 00	Wire of Cash	HerStory 2017 Program Costs
7/21/2017	\$ 7,000.00	Wire of Cash	HerStory 2017 Program Costs
10/6/2017	\$ 6,800.00	Wire of Cash	HerStory 2017 Program Costs

Global G.L O.W. FEIN: 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient:

Rift Valley Reading Association

Address:

PO Box 536 Njoro Kenya

Amounts expended by

recipient:

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds:

than its intended purpose.

Date of reports from

recipient:

First report due October 31, 2018

Verification of reports:

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose
1/26/2017	\$ 9,323.00	Wire of Cash	HerStory 2017 Program Costs
5/11/2017	\$ 7,000.00	Wire of Cash	HerStory 2017 Program Costs
8/3/2017	\$ 10,000.00	Wire of Cash	HerStory 2017 Program Costs
11/3/2017	\$ 8,000.00	Wire of Cash	HerStory 2017 Program Costs

Global G.L.O.W. FEIN: 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient:

Seeds of Hope Foundation

Address:

P-692, St. #5

Waris Pura, Faisalabad Punjab 38000, Pakistan

Amounts expended by

recipient:

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has

Diversion of funds:

been used for other than its intended purpose.

Date of reports from

recipient:

First report due October 31, 2018

The Foundation has no reason to doubt the accuracy or reliability of the

Verification of reports:

grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose
4/7/2017	\$ 10,000.00	Wire of Cash	HerStory Program Costs
10/11/2017	\$ 3,700.00	Bill Pay	HerStory Program Costs

Global G.L O.W. FEIN. 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility.

Recipient:

Solis Garcia Juana Melchora

Address

CALLE LAS CAMELIAS 431

HUANCHACO TRUJILLO LA LIBERTAD

Amounts expended by

recipient:

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds:

Date of reports from

recipient.

First report due October 31, 2018

than its intended purpose.

Verification of reports:

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose	
5/11/2017	\$ 3,000 00	Wire of Cash	HerStory 2017 Program Costs	
9/20/2017	\$ 5,000.00	Wire of Cash	HerStory 2017 Program Costs	
10/6/2017	\$ 3,000.00	Wire of Cash	HerStory 2017 Program Costs	

Global G.L.O.W. FEIN 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient.

Taghyeer

Address.

P.O. Box 40250

San Francisco, CA 94140-0250

Amounts expended by

recipient:

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds: than its intended purpose.

Date of reports from

recipient:

First report due October 31, 2018

Verification of reports: The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose	
3/3/2017	\$ 3,882.00	Wire of Cash	HerStory 2017 Program Costs	
7/12/2017	\$ 5,500.00	Wire of Cash	HerStory 2017 Program Costs	
10/6/2017	\$ 5,740.00	Wire of Cash	HerStory 2017 Program Costs	

Global G.L O W FEIN: 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient^{*}

The Co-Operative/Milel *"The Co-Operative" = name of bank

Address:

Kısumu

Kenya

Amounts expended by

recipient:

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds:

than its intended purpose.

Date of reports from

recipient.

First report due October 31, 2018

Verification of reports: The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose	
1/26/2017	\$ 10,000.00	-Wire of Cash	HerStory Program Costs	
8/3/2017	\$ 10.000.00	Wire of Cash	HerStory Program Costs	

Global G L O W FEIN. 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility:

Recipient:

Un Mundo

Address:

El Pital, Cuenca del Río

Cangrejal, , La Ceiba, Atlántida, Honduras. Kilómetro 15, Contiguo a Finca

Xochilt

Amounts expended by

recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other

Diversion of funds:

than its intended purpose.

Date of reports from

recipient:

First report due October 31, 2018

Verification of reports:

The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose
7/12/2017	\$ 10,365 00	Wire of Cash	HerStory 2017 2nd Quarter Program Costs

Global G L O W FEIN 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility

Recipient

World Assistance for Cambodia

Address.

4-1-7-605 Hiroo Shibuya-Ku Tokyo, Japan 150-0012

Amounts expended by

recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other than its

Diversion of funds.

ıntended purpoșe.

Date of reports from

recipient

First report due October 31, 2018

Verification of reports: The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose
1/26/2017	\$ 8,321 00	Wire of Cash	HerStory Program Costs
4/7/2017	\$ 8,210.00	Wire of Cash	HerStory Program Costs
4/12/2017	\$ 8,000 00	Wire of Cash	HerStory Program Costs
10/6/2017	\$ 8,000 00	Wire of Cash	HerStory Program Costs

Global G L.O W. FEIN 45-2738854 2017 Form 990-PF Part VIIB, Question 5(c)

Substantiation of Expenditure Responsibility

Recipient

World Vision for Education and Development

Address:

PO Box 212 Mankon Bamenda Cameroon

Amounts expended by

recipient

Amounts are expended quarterly throughout the year

The Foundation has no knowledge that any part of the investment has been used for other than its

Diversion of funds

intended purpose.

Date of reports from

recipient

First report due October 31, 2018

Verification of reports: The Foundation has no reason to doubt the accuracy or reliability of the grantee's reports

Payment List

Date Paid	Amount	Payment Method	Purpose
2/6/2017	\$ 7,270.00	Wire of Cash	HerStory Program Costs
6/6/2017	\$ 5,000 00	Wire of Cash	HerStory Program Costs
7/12/2017	\$ 8,000 00	Wire of Cash	HerStory Program Costs
9/20/2017	\$ 10,000 00	Wire of Cash	HerStory Program Costs

Schwab One® Accountof GLOBAL G.L.O.W.

Account Number 2906-9850

Statement Period December 1-31, 2017

Investment Detail - Cash and Bank Sweep

;	,		
Ending Balance	1,684.28	Ending Balance 23,290.71 23,290.71	24,974.99
Starting Balance	124 82	Starting Balance 29,370 98 29,370.98	
,			,
Cash	Cash Total Cash	Bank Sweep Bank Sweep ^{X2} Total Bank Sweep	Total Cash and Bank Sweep

Investment Detail - Fixed Income

	Par	Market Price	Market Value	Adjusted Cost Basis		Unréalized Gain or (Loss)	Estimated Annual Income
U.S. Treasuries	Units Purchased	Cost Per Unit	Cost Basis		Acquired		Yield to Maturity
US TREASURY BILL18 UST BILL DUE 02/15/18 CUSIP 912796NS4	179,000.0000 179,000 0000	99,8484 99 8323	178,728,71 178,699,82	178,699.82 178,699.82 12/27/17	12/27/17	28.89 28.89 Acc	NIA 1 25% Accrued Interest: 0.00