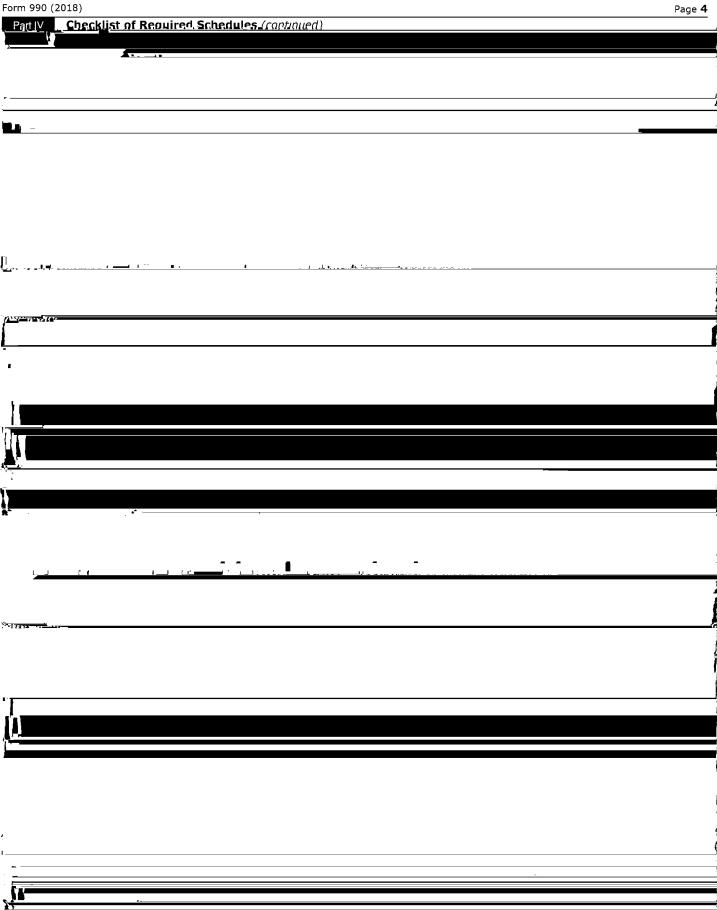
DLN: 93493165006489 OMB No 1545-0047 **Return of Organization Exempt From Income Tax 2018** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable GLOBAL SERVICE NETWORK INC \square Address change 20-8686806 ☐ Name change Doing business as \square Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite POST OFFICE BOX 1809 \square Amended return ☐ Application pending (919) 249-0146 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 6,173,756 11/+1 2 F. Name and address of nuncinal officer

Forr	n 990 (2018)	Page 2
P	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
EMP	OWERING SERVANTS OF CHRIST TO TAKE THE GOSPEL TO THE WORLD	
_		
2	Did the organization undertake any significant program services during the year which were not listed on	☐ Yes ☑ No
	the prior Form 990 or 990-EZ?	⊔ Yes ⊻ No
3	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O	Lifes Lino
4	Pescribe the <u>organization</u> 's <u>organization</u> service accomplishments for each of its three largest program services, as measi	ured by expenses
1275	Describe the organization's occurrant service accomplishments for each of its three largest program services, as measi	ired by expenses
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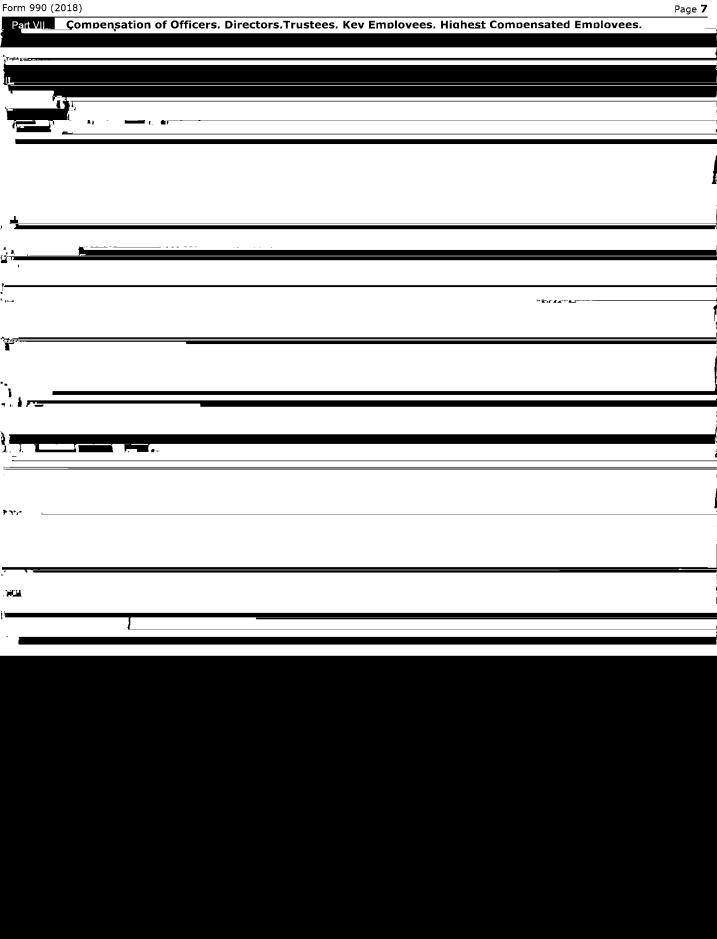


Form	990 (2018)			Page 5				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country Country	4a		No				
ir 								
<u> </u>								
		_						
c T	otal from continuation sheets to Part VII, Section A			2.625				
2	Total (add lines 1b and 1c)	0		3,696				
			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	-		NO				
_	services rendered to the organization? If "Yes," complete Schedule J for such person							

Pa	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	lule O	See instructions		onse to	lines ✓
Se	ction	A. Governing Body and Management					
1a	Enter	the number of voting members of the governing body at the end of the tax year	 1a	5		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	3			
2	office				2	Yes	
3	Did tl	e organization delegate control over management duties_customarily performed b	v or ur	der the direct supervision	_		
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						Form QQ	0 (2018)

Form 990 (2018)

Page **6**



Form 9 Part	990 (2018) VII Section A. Officers, Direct	tors, Trustees	s, Kev	Emp	love	es,	and l	Hial	nest Compensate	ed Employees (contii	nued)	Page 8
	(A) Name and Title	(B) Average hours per week (list any hours for related	Position than construction is because the construction of the cons	on (d	(C) o not ox, u in off tor/ti) t che inles ficer rust	eck moss persection and a	ore son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (V 2/1099-MISC)	on amount of compensa (W- from th		ited f other sation the
		organizations below dotted line)								relato organiza	ed		
											\downarrow		
с То	ub-Total	•			•		*		225,000	()		3,696
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove		rec	· L	00,000	1		
2	Did ble augumahan lah ang Kansan	- FF:		l						Г		Yes	No
	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ее, к •	• ey ei	• •	• •	•	gnest compensated	• •	3		No
	For any individual listed on line 1a, is organization and related organization									n the			
	Individual	ve or accrue cor	nnensal	· ion f	rom	• anv	unrela	· ·	organization or indi	vidual for	4		No
	services rendered to the organization	i?If "Yes," comp									5		No
_	tion B. Independent Contract Complete this table for vour five high		d indon	ondo	nt co	ntra	ctors	that	received more than	#100 000 of com	nenc	ation	
<u>1</u>	Complete this capie for your five finding	iest colimensate	O MIDED	e (i g e)	yr co	il a s	, 6-181-3-	шас	Tecerate Hidle Indi	<u> </u>	idens.		
-		<u></u>											

		(2018)								Page 9
Part	:VIII									
		Check if Schedule O contains	a response	or note to any		(A)	(B)		(C)	
					Total	revenue	Related or	J	Unrelated	Revenue
" द										
_										
9		An agricultural research organization non-land grant college of agricul								ege or university or a
10		An organization that normally re from activities related to its exer								
		investment income and unrelate 30, 1975 See section 509(a)(e (less s	ection 511 tax) from busines	sses acq	uired by the o	rganization after June
11		An organization organized and o			t for pub	olic safety See	section 509	(a)(4).		
12		An organization organized and o	perated ex	clusively for the	e benefit	t of, to perforn	n the function	s of, or t	o carry out th	e purposes of one or
		more publicly supported organiz in lines 12a through 12d that de								(3). Check the box
, a		Type I. A supportion organization	n operated	d supervised o	r contro	alled hv its siin	ported organi	zation(s	tvnically hy	aivina the supported
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	_	· ·								
S 29	1:	a Federated campaigns	1a							
ant		b Membership dues	1 b							
9		c Fundraising events	1c							
fts,	.	d Related organizations	1d							
tributions, Gifts, Grants Other Similar Amounts	<u> </u>	e Government grants (contributions)	1e							
Sing	; ₁	All other contributions, gifts, grants, and similar amounts not included								
utic	:	and similar amounts not included above	1f	6,139,916						
e E	; ;	g Noncash contributions included								
Contributions, Gifts, Grants and Other Similar Amounts	:	in lines 1a - 1f \$ h Total. Add lines 1a-1f								
<u>C</u>	<u> </u>		• •	· · •	C. J	6,139,916				
Ę	_	SEVENT INCOME		Business		20	519	20,519		
Service Revenue		EVENT INCOME			900099		600	2,600		
ı. α <u>ξ</u>	b	HONORARIUM INCOME			900099			_,555		
Š	c	-	_							
	d	l 	_							
gram	e		_							
<u> </u>	f	All other program service revenue					-			

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	130,249	130,249	,	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	116,509	116,509		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	228,696	79,612	143,562	5,522
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	75,619	19,290	54,243	2,086
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	511	166	332	13
10 Payroll taxes	49,350	24,261	24,160	929
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6,400		6,400	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,414,239	4,225,886	540	187,813
12 Advertising and promotion				
13 Office expenses	38,432		38,432	
14 Information technology				
15 Royalties				
16 Occupancy	19,564	1,049	18,460	55
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,158		2,158	
23 Insurance	11,136		11,136	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MINISTRY EXPENSES	474,312	474,312		
b DONATION PROCESSING EXP	38,740		38,740	
c TAXES & LICENSES	5,318		5,318	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,611,233	5,071,334	343,481	196,418
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

Forr	า 990	(2018)								Page 11
Ρ	art X	Balance Sheet								
		Check if Schedule O contains a	response or note	to any line in this	Part IX					🗆
						Beg	(A) ginning of year		En	(B) d of year
	1	Cash-non-interest-bearing .					1,106,586	1		1,670,534
	2	Savings and temporary cash inv	estments		[253,592	2		254,606
	3	Pledges and grants receivable,	net		Γ			3		
	4	Accounts receivable, net			[4		
	5 6	Loans and other receivables fro trustees, key employees, and h Part II of Schedule L Loans and other receivables fro section 4958(f)(1)), persons de	ighest compensate m other disqualifie scribed in section	ed employees Con ed persons (as defi 4958(c)(3)(B), and	nplete • ned under d			5		
s		contributing employers and spo voluntary employees' beneficiar Part II of Schedule L	y organizations (s	ee instructions) Co				6		
e	7	7 Notes and loans receivable, net								
Assets	8	Inventories for sale or use .			L			8		
~	9	Prepaid expenses and deferred			_			9		
	10a	Land, buildings, and equipment	cost or other	102	24 087					
P	art II	Support Schedule for (b)(1)(A)(ix) (Complete only if you ch III. If the organization for	ecked the box o	on line 5, 7, 8, o	r 9 of Part I	or if th	ne organization	failed		
S	ectio	n A. Public Support			, ,					
		Calendar year scal year beginning in) ▶ grants, contributions, and	(a) 2014	(b) 2015	(c) 2016		(d) 2017) 2017 (e) 2018		(f) Total
		pership fees received (Dp.not	3.010.375	3.606.417	4.197	086	4 973 820	820 6 139 910		21 927 614
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

No

Form 990 (2018)

Audit Act and OMB Circular A-133?

Software ID:

Software Version:

EIN: 20-8686806

Name: GLOBAL SERVICE NETWORK INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

ASSOCIATES IN MINISTRY - AROUND 200 ASSOCIATES IN MINISTRY HAVE PARTNERED WITH VARIOUS CHURCHES AND MISSIONS ORGANIZATIONS TO REACH PEOPLE

FOR CHRIST IN ALL WALKS AND STAGES IN LIFE AND MINISTERING TO THE BODY OF BELIEVERS IN THEIR COMMUNITIES.

DLN: 93493165006489 OMB No 1545-0047 Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. **SCHEDULE A** (Form 990 or 990EZ) ► Attach to Form 990 or Form 990-EZ. **Open to Public** ► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury

Sch	<u>-dule A (Form_990 or 990-F7) 2018</u>						Dage. 7
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`	Company Cabadola fo	O	na Dagarihad i	- Castian EOO	(-)(2)		
	Part III Support Schedule for (Complete only if you of					ed to qualify und	er Part II. If
	the organization fails to						ci i dic II. Ii
S	ection A. Public Support			, ,			
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not						
,	include any "unusual grants ") Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ 6	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
,	Ebourned 1111 1111 1111 1111	,	•		,		ı
4							
1	-						
P	art III Support Schedule for O	rganizations	Described in S	Sections 170(b)(1)(A)(iv), 1	70(b)(1)(A)(v	i), and 170
	(b)(1)(A)(ix)	alead the bay	an line F 7 0 e	u O of Doub I ou	of the eventuration	an failed to gual	efu undon Dont
	(Complete only if you che III. If the organization fai						ily under Part
S	ection A. Public Support	is to quamy an	ider the tests he	rea below, pied	se complete i ui		
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(4) 2021	(2) 2023	(0, 2010	(4) 2017	(0) 2010	(1) 10141
1	membership fees received / Do not	<u>3</u> ,010.375	3.606.417	4 197 086	4.973 820	6 1 39.916	21_927_614
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he	edule A (Form 990 or 990-EZ) 2018						Page 3
ŀ	art III Support Schedule for (Complete only if you che the organization fails to	necked the box	on line 10 of Pa	art I or if the or	ganızatıon faile		er Part II. If
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business						
4	under section 513 Tax revenues levied for the organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
6	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5						
-	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
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1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	2				
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3b				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	3c				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4a 4b				
с	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)/R) purposes					
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c				
5а	(c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the					
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	<u> </u>			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b				
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other					
\$2.00 Ta-						
-						
	11					

Schedule A (Form 990 or 990-EZ) 2018		F	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Section B. Type I Supporting Organizations	•		
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or	-	Yes	No
· ·			
in A			
Section D. lines 5. 6, and 8, and Part V. Section F. lines 2. 5, and 6. Also complete this part for any additional inform	mation	(200	
<u>k</u>			
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instructions)			
Facts And Circumstances Test			
, acto And Oncompanions Test			

Schedule A (Form 990 or 990-EZ) 2018							
Pa	rt V	Type III Non-Functionally Integrated 509(a)(3) Suppo					
1		Check here if the organization satisfied the Integral Part Test as a qua	ılıfyıng tru	ust on Nov 20, 1970 (explain in Part VI)	See -		
				•			
a . ,							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total	. (Colur	nn (b) must equal Form 990, Part X, col (B) line 12)					
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Co	molet	e if the organization answered 'Yes' on Form 990, Part IV, line	11c Se	e Form 990. Part X line 13			
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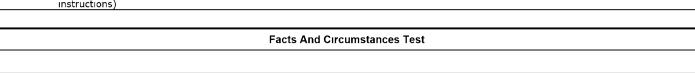
EIN: 20-8686806

Name: GLOBAL SERVICE NETWORK INC

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)



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SCHEDULE D	Suppl	omontal Fin	anaial Statama	nto	OMB No 1545-0047
(Form 990)			ancial Stateme		2019
<u> </u>	► Complete	if the organization	answered "Yes," on Fo	orm 990,	2018
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3a Sub-total	shoots to	0 0			265,030 0
b Total from continuation : Part I					
c Totals (add lines 3a and For Paperwork Reduction Act		0 0		No 50082W Sche	265,030 dule F (Form 990) 2018
Tor Paper Work Reduction Act	Notice, see the Instruct	10113 101 1 01111 330.	Cut	NO 30002W Sche	dule 1 (101111 330) 2010

Schedule	D (Foi	rm 990) 2018					Page 2
Part III	0	rganizations Maintain	ing Collections of Art, F	listor	ical T	easures, or Other Similar Assets (continued)	
3 Usii	ng the	e organization's acquisition, a neck all that apply)	accession, and other records,	check	any of	the following that are a significant use of its collection	
a 🗌	Pul	blic exhibition		d		Loan or exchange programs	
ь 🗆	Sch	nolarly research		е		Other	
c 🗆	Pre	eservation for future generat	ions				
4 6 D	عده اجرب	والماري والماري والماري والماري والماري والماري والماري والماري	6—11:	۱۱	1		
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41.							
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	3/	ny additional information	(soo instructions)				
990 Sch		e F, Supplemental Inf					
Retu Refere				Ex	planati	on	
PART I, LINE 2	,	WITH THE ORGANIZATION	ONS MINISTRY PURPOSE (DNCE A	AWARI	O INDIVIDUALS AND OTHER NON-PROFITS THAT A DED, THE ORGANIZATION MAINTAINS REGULAR E OF THESE FUNDS IN THE FORM OF REGULAR	ALIGN

Part VII Investments—Other Securities. Complete if the org	ganization an	swered "Yes"	on Form 990. Par	Page 3 t IV. line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)		(c) Method of va	
(including name of security)	Book value		ost or end-of-year n	narket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	990. Part IV.	line 11c. See	Form 990. Part X	. line 13.
(a) Description of investment	(b) Book valu	ıe	(c) Method of va	luation
(1)			osc or end or year n	larket value
(2)				
(3)				_
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			_
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990,	Part IV, line 11d	See Form 990, Pa	rt X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				
Part X Other Liabilities. Complete if the organization answers See Form 990, Part X, line 25.			t IV, line 11e or 1	.1f.
1. (a) Description of liability (1) Federal income taxes	(b)	Book value		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			\dashv	
(8)			-	
(9)			\dashv	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the f	footnote to the	organization's fi	nancial statements	that reports the

Part XI	Reconciliation of Revenue	per Audited Fi	nancial State	ements With F	tevenue per R	eturn	
	Complete if the organization					<u>_</u>	
1 Tota	revenue, gains, and other support p	er audited financia	al statements			1	6,173,756
	ınts ıncluded on lıne 1 but not on Fo						
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	EUROPE (INCLUDING	MINISTRY TO THE BLIND	33,000	PROGRAM SERVICES			FMV
	ICELAND &			DEINVICES			
	GREENLAND)						
							1

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Software ID:

Software Version:

EIN: 20-8686806

Name: GLOBAL SERVICE NETWORK INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION UNDER INTERN AL REVENUE SERVICE ("IRS") CODE SECTION 501(C)(3) DURING THE YEAR, THE ORGANIZATION REPOR TED NO UNRELATED BUSINESS TAXABLE INCOME WHICH IS DEFINED BY THE IRS AS GROSS INCOME DERIV ED FROM ANY UNRELATED TRADE OR BUSINESS THAT IS NOT SUBSTANTIALLY RELATED TO THE ORGANIZAT ION'S TAXEXEMPT PURPOSE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2018 THE ORGANIZATION IS ALSO SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICT
a de la	LIONS HOWEVER THERE ARE CURRENTLY NO AUDITS FOR ANY TAY REDUCES IN DROCKESS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSITION 260

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493165006489 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GLOBAL SERVICE NETWORK INC 20-8686806 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used

(1) See Add'l Data (2)	organization section and EIN (if applicable) See Add'l Data (1) See Add'l Data (2) Schedule F (Form 99) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	IV, line 1	15, for any reci	ipient who received	more than \$5,000.	. Part II can be dupi	icated ii additional s	space is needed.		
See Add Data	See Add Data	organization	section and EIN (if	(c) Region		(e) Amount of cash grant	cash	of non-cash	of non-cash	valuation
(3)	(3) (4) (5) Schedule F (Form 99 (6) (7) (8) (9) (10) (10)	See Add'l Data	а	1						
(4) (5) (6) (7) (8) (9)	(4) (5) (6) (7) (8) (9)	(2)								
(6) (7) (8) (9) (10	(5) Schedule F (Form 99 (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3)								
(6) (7) (8) (9) (10	(6) (7) (8) (9) (10	(4)					1			
(8) (9) (10)	(7) (8) (9) (10)	(5)							Schedule	F (Form 990) 2018
(10)	(8) (9) (10)	(6)		 					†	
	(9)	(7)								
(10)	(10)	(8)								
(10)		(9)		 					+	
		10)	+ +	 	+		†		†	
		<i>c*</i>	+		+.		<u></u>	<u> </u>	<u> </u>	1.

Schedule F (Form 990) 2018	Page 3
PRITTIFF Grants and Other Assistance to Individuals Outside the United States Complete of the eres	INITATION ANGUISTON "YOU" TO FORM OOD DARK IV LING 16
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Sche	edule F (Form 990) 2018		Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be		
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Schedule F	F (Form 990) 2018	Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (account	ina
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D	<u> </u>	

SOUTH AMERICA -

ARGENTINA, BOLIVIA, BRAZIL,

CHILE, COLUMBIA, ECUADOR,

Software ID: Software Version:

EIN: 20-8686806

Name: GLOBAL SERVICE NETWORK INC.

PREACHING AND

TEACHING THE BIBLE

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Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AUSTRALIA EAST ASIA AND THE PACIFIC	0		INTERNATIONAL ASSOCIATES IN MINISTRY	PREACHING AND TEACHING THE BIBLE	19,919

0 INTERNATIONAL

MINISTRY

ASSOCIATES IN

(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i e ,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for region

Form 990 Schedule F Part I - Activities Outside The United States

No of the same

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND 0 CHURCH MINISTRY 49.917 & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM EUROPE (INCLUDING ICELAND 0 MINISTRY TO THE BLIND 38.202 & GREENLAND)

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

ICHURCH.

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manne cash disburser
			CHURCH	,	PROGRAM
		(INCLUDING	MINISTRY		SERVIC

ICELAND & GREENLAND) -ALBANIA, ANDORRA, AUSTRIA, BELGIUM EUROPE

(INCLUDING ICELAND & GREENLAND) -ALBANIA, ANDORRA, AUSTRIA, BELGIUM

(g) Amount of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
		FMV

assistance	other)
	FMV

SERVICES



(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MINISTRY TO THE BLIND	5,202	PROGRAM SERVICES			FMV
organization's liab	ollity for uncer	tain tax positions	under FIN 48 (AS	SC 740) Check	here if the text of	the footnote has	been provided in	Part XIII 🔽
	Schedule D (Form 990) 2018							

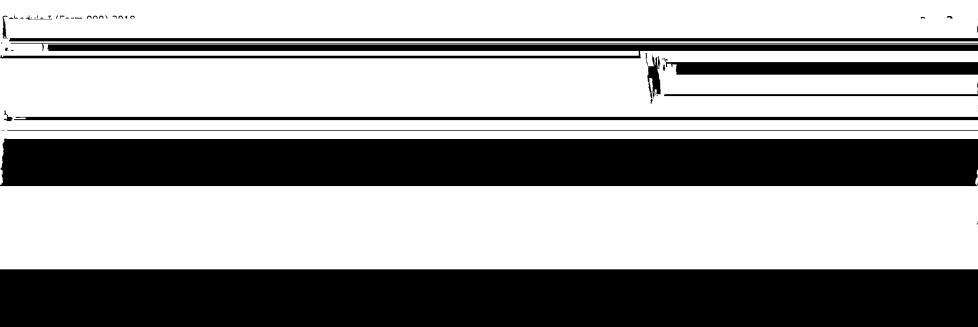
Form 990 Schedule F Part II - Grants or Entities Outside The United States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of | (a) Name of (e) Amount of section (c) Region (book, FMV. cash non-cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) EAST ASIA THROUGH 28,390 PROGRAM lFM∨ AND THE IRADIO AND ISERVICES PACIFIC MEDIA, SHARE THE GOOD

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Schedule I	Grants and Other Assistance to Organizations,	OMB No 1545-0047
(Form 990)	Coverpments and Individuals in the United States	
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Additional Data

Software ID: Software Version:

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

EIN: 20-8686806

Name: GLOBAL SERVICE NETWORK INC

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash	(e) Amount of non- cash	(f) Method of valuation (hook FMV appraisal	(g) Description of non-cash assistance	(h) Purpose of grant _or_assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance VITURMIS 46-2715778 501(C)(3) 15.420 SOFTWARE 3460 MARRON RD STE 103-DEVELOPMENT MINISTRY

CHURCH PLANTING

MINISTRY

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

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WINTER HAVEN, FL 33884

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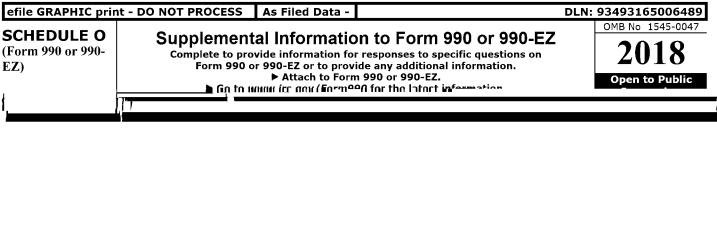
(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

LIVING TRUTH 38-3945262 501(C)(3) 16.116 COUNSELING MINISTRY 14645 SHADOW LAKES DRIVE CARMEL, IN 46032

80-0708550 501(C)(3) 10.200

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

BETHEL DALLAS (EVERY LCHURCH MINISTRY



Return Explanation
Reference

FORM 990,	AMENDED BY-LAWS TO MAKE SIMPLE CHANGES TO MEETING, QUORUM AND CORPORATE OFFICER REQUIREMEN
PART VI,	TS AND ADDED SECTIONS TO NAME AND PURPOSE CONCERNING BELIEFS OF ORGANIZATION
SECTION A,	
LINE 4	

Return Explanation

FORM 990,	ONCE COMPLETE, THE 990 IS GIVEN TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL THE 990 IS THEN
PART VI,	FILED
SECTION B,	
LINE 11B	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED THROUGH REGULAR MEETINGS OF THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS, WHICH INCLUDE INQUIRY AND D ISCUSSION WITH THE EXECUTIVE DIRECTOR OF POTENTIAL TRANSACTIONS AND/OR RELATIONSHIPS THER E ARE ALSO BI-ANNUAL BOARD OF DIRECTORS MEETINGS WHICH REVIEW AND DISCUSS ANY POTENTIAL CONFLICTS OF INTEREST A BOARD VOTE IS REQUIRED FOR ANY EXCEPTION TO THE POLICY

Return Explanation
Reference

990 Schedule O, Supplemental Information

COMPENSATION LEVELS SHOULD BE CHANGED

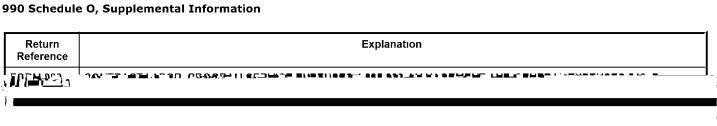
FORM 990, PART VI, SECTION B, LINE 15

THE BOARD BEGINS BY REVIEWING CURRENT IRS FORM 990 INSTRUCTIONS AND GUIDELINES THEY THEN CONDUCT EXTERNAL MARKET DATA ANALYSIS PREPARED BY THE PERSONNEL COMMITTEE FROM BEST AVAILA BLE DATA WHICH IS COMPARABLE TO THE ORGANIZATION THEY THEN COMPARE HISTORICAL GSN COMPENS ATION TO MARKET DATA AND DECIDE IF IT IS REASONABLE FOR EACH POSITION AS WELL AS DECIDE IF

Return Explanation
Reference

LINE 19

FORM 990, PART VI, SECTION C.



Return Explanation
Reference

CHANGED FROM PRIOR YEAR

LINE 2C

FORM 990,	THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF
PART XII,	ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT