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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GLOBAL LINKS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
700 TRUMBULL DRIVE

City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 15205

D Employer identification number
52-1629060

E Telephone number
(412) 361-3424

G Gross receipts $ 7,504,572

F Name and address of principal officer:
ANGELA J GARCIA
700 TRUMBULL DRIVE
PITTSBURGH, PA 15205

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.GLOBALLINKS.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1989

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
GLOBAL LINKS IS A NOT-FOR-PROFIT, MEDICAL RELIEF AND DEVELOPMENT ORGANIZATION DEDICATED TO IMPROVING HEALTH IN RESOURCE-POOR COMMUNITIES LOCALLY AND GLOBALLY, AND PROMOTING BETTER ENVIRONMENTAL STEWARDSHIP WITHIN THE U.S. HEALTHCARE SYSTEM.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	22
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,102,576	5,133,022
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,660	85,792
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,432	2,277,137
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,347,668	7,495,951
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,561,380	4,954,023
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	838,773	852,701
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶147,640		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	665,381	705,859
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,065,534	6,512,583
19	Revenue less expenses. Subtract line 18 from line 12	282,134	983,368

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,462,176	7,955,591
21	Total liabilities (Part X, line 26)	1,141,955	1,652,002
22	Net assets or fund balances. Subtract line 21 from line 20	5,320,221	6,303,589

Part II Signature Block

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

Sign Here

****** 2021-08-27
Signature of officer Date

ANGELA J GARCIA EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-08-24		P00095538

Firm's name ▶ GROSSMAN YANAK & FORD LLP — Firm's EIN ▶ 25-1638525

Firm's address ▶ THREE GATEWAY CTR STE 1800 PITTSBURGH, PA 15222 — Phone no. (412) 338-9300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

GLOBAL LINKS IS A NOT-FOR-PROFIT, MEDICAL RELIEF AND DEVELOPMENT ORGANIZATION DEDICATED TO SUPPORTING HEALTH IMPROVEMENT INITIATIVES IN RESOURCE-POOR COMMUNITIES AND PROMOTING ENVIRONMENTAL STEWARDSHIP IN THE U.S. HEALTHCARE SYSTEM.

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

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.

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

4a (Code:) (Expenses $ 2,899,184 including grants of $ 2,547,523) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ 3,260,211 including grants of $ 2,406,499) (Revenue $)

See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ 6,159,395

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶DONALD TINKER 700 TRUMBULL DRIVE PITTSBURGH, PA 15205 (412) 361-3424

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY A FORD IMMEDIATE PAST CHAIR	3.00	X		X				0	0	0
(2) CHARLES R VARGO CHAIR	3.00	X		X				0	0	0
(3) KATHLEEN MUSANTE PHD SECRETARY	3.00	X		X				0	0	0
(4) CATHERINE DELOUGHRY BOARD MEMBER	1.00	X						0	0	0
(5) CHRISTINE KOEBLEY TREASURER	3.00	X		X				0	0	0
(6) DEVON GEORGE MSN RN VICE CHAIR	3.00	X		X				0	0	0
(7) MAHMOOD MIKE USMAN MD MM BOARD MEMBER	1.00	X						0	0	0
(8) DIEGO BELTRAN BOARD MEMBER	1.00	X						0	0	0
(9) STEVE W FRANK BOARD MEMBER	1.00	X						0	0	0
(10) TIMOTHY NEDLEY BOARD MEMBER	1.00	X						0	0	0
(11) ANGELA STENGEL MS CAE BOARD MEMBER	1.00	X						0	0	0
(12) PEGGY CARRERA BOARD MEMBER	1.00	X						0	0	0
(13) ANGELA GARCIA EXECUTIVE DIRECTOR	50.00	X		X				93,150	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								93,150	0	0

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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 services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a 5,790				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e 197,908				
f All other contributions, gifts, grants, and similar amounts not included above	1f 4,929,324				
g Noncash contributions included in lines 1a - 1f: $	1g 2,290,267				
h **Total.** Add lines 1a-1f		5,133,022			
Program Service Revenue	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		24,317			24,317
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a 61,475				
b Less: cost or other basis and sales expenses	7b 0				
c Gain or (loss)	7c 61,475				
d Net gain or (loss)		61,475	61,475		
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a 6,237				
b Less: direct expenses	8b 8,621				
c Net income or (loss) from fundraising events		-2,384			-2,384
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a 62,186				
b Less: cost of goods sold	10b 0				
c Net income or (loss) from sales of inventory		62,186	62,186		
Miscellaneous Revenue	Business Code				
11a PROCUREMENT	900099	2,217,335	2,217,335		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		2,217,335			
12 **Total revenue.** See instructions		7,495,951	2,340,996	0	21,933

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,406,530	2,406,530		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,547,493	2,547,493		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	93,150	93,150		
7 Other salaries and wages	639,761	452,010	91,863	95,888
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	119,790	94,547	13,120	12,123
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	710	450	260	
c Accounting	37,847	18,982	16,802	2,063
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,648		4,648	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,473	204	939	330
12 Advertising and promotion				
13 Office expenses	55,425	39,325	11,188	4,912
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,257	8,126	131	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	28,905	22,988	3,029	2,888
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,325	88,548	6,245	5,532
23 Insurance	32,735		32,735	
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 CONSULTING FEES	166,867	155,154	7,573	4,140
b POSTAGE & SHIPPING	140,253	138,893	1,360	0
c WAREHOUSE EXPENSES	87,907	73,472	7,556	6,879
d OUTREACH ACTIVITIES	24,963	19,322	5,641	0
e All other expenses	15,544	201	2,458	12,885
25 **Total functional expenses.** Add lines 1 through 24e	6,512,583	6,159,395	205,548	147,640
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		45,776	1	237,961
	2	Savings and temporary cash investments		462,998	2	1,724,422
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		100,737	4	79,316
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,003,688	8	2,998,948
	9	Prepaid expenses and deferred charges		10,069	9	11,441
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,879,864			
	b	Less: accumulated depreciation	10b 675,439	2,216,450	10c	2,204,425
	11	Investments—publicly traded securities		622,458	11	699,078
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		6,462,176	16	7,955,591
Liabilities	17	Accounts payable and accrued expenses		76,320	17	302,172
	18	Grants payable			18	
	19	Deferred revenue		89,851	19	516,436
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		952,803	23	833,394
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		22,981	25	0
	26	**Total liabilities.** Add lines 17 through 25		1,141,955	26	1,652,002
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		5,002,901	27	5,747,967
	28	Net assets with donor restrictions		317,320	28	555,622
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		5,320,221	32	6,303,589
	33	Total liabilities and net assets/fund balances		6,462,176	33	7,955,591

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,495,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,512,583
3	Revenue less expenses. Subtract line 2 from line 1	3	983,368
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,320,221
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,303,589

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 52-1629060

Name: GLOBAL LINKS

Form 990, Part III, Line 4a:

GLOBAL LINKS' INTERNATIONAL PROGRAMS ARE FOCUSED IN LATIN AMERICA AND THE CARIBBEAN: BOLIVIA, CUBA, HONDURAS AND NICARAGUA, AND SUPPORT PUBLIC HEALTH INITIATIVES IN THOSE COUNTRIES THROUGH MEDICAL AID FOR HOSPITALS AND CLINICS WITHIN THE SYSTEM. PUBLIC HEALTH INSTITUTIONS ARE WHERE THE LARGEST AND POOREST SEGMENTS OF THE POPULATION RECEIVE MEDICAL CARE. THE INTERNATIONAL MEDICAL AID PROGRAM IS DESIGNED AND IMPLEMENTED IN COLLABORATION WITH THE PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION (PAHO/WHO) AND NATIONAL AND LOCAL HEALTH AUTHORITIES. THESE MEDICAL AID PROGRAMS PROVIDE EQUIPMENT, FURNISHINGS AND SUPPLIES TO PUBLIC HEALTHCARE FACILITIES STRUGGLING TO PROVIDE BASIC CARE TO THEIR PATIENTS. ALMOST ALL OF THE MATERIALS DELIVERED THROUGH THIS PROGRAM ARE MEDICAL SURPLUS RECOVERED FROM U.S. HOSPITALS AND HEALTH INSTITUTIONS. WELL-PLANNED AND COORDINATED SHIPMENTS, DELIVERED WITHIN A FRAMEWORK OF PUBLIC HEALTH INITIATIVES, BUILDS CAPACITY INSIDE THE PUBLIC HEALTH SYSTEM, AND SUPPORTS EFFORTS TOWARD UNIVERSAL ACCESS TO HEALTH.IN 2020, GLOBAL LINKS PROVIDED 23 40-FT TRAILER-LOADS OF MEDICAL MATERIAL AID TO SUPPORT MORE THAN 55 FACILITIES, THAT INCLUDED HOSPITALS, CLINICS AND MATERNAL HOMES, IN FIVE COUNTRIES IN THE WESTERN HEMISPHERE. THE COMBINED VALUE OF THOSE MATERIALS WAS APPROXIMATELY $2.3 MILLION. GLOBAL LINKS ALSO PROVIDED COMMERICAL TENTS TO SERVE AS OVERFLOW FIELD HOSPITALS AND DOMESTIC VIOLENCE SHELTERS PLUS OVER 1,000 MEDICAL BACKPACKS TO SUPPORT RURAL COMMUNITY HEALTHCARE.

Form 990, Part III, Line 4b:

GLOBAL LINKS' DOMESTIC PROGRAMS IMPROVE HEALTH, INDEPENDENCE AND DIGNITY OF UNINSURED AND UNDERINSURED POPULATIONS; SUPPORT THE ENVIRONMENTAL SUSTAINABILITY EFFORTS OF MORE THAN 30 HOSPITALS AND HEALTH INSTITUTIONS IN THE US, AND PROVIDE MEANINGFUL VOLUNTEER SERVICE OPPORTUNITIES FOR GREATER-PITTSBURGH AREA RESIDENTS.IN 2020, OUR DOMESTIC MEDICAL AID PROGRAMS IMPROVED THE HEALTH, DIGNITY OR MOBILITY OF OVER 423,000 INDIVIDUALS SERVED BY MORE THAN 1,100 ORGANIZATIONS, PRIMARILY IN WESTERN PA, THAT RECEIVED OVER $2,694,000 WORTH OF MEDICAL SUPPLIES AND EQUIPMENT, MOBILITY DEVICES, AND PERSONAL PROTECTION EQUIPMENT TO PROTECT AGAINST COVID-19. MEDICAL SURPLUS RECOVERY: EVERY YEAR ACROSS THE UNITED STATES, MILLIONS OF TONS OF SURPLUS MEDICAL MATERIALS ENTER U.S. LANDFILLS DUE TO HOSPITAL REGULATIONS, CHANGES IN VENDORS, UPGRADES, OR DOWNSIZING. GLOBAL LINKS' SURPLUS RECOVERY PROGRAM HELPS U.S. HEALTHCARE FACILITIES ASSESS THE CAUSES OF SURPLUS IN THE SYSTEM, REDUCE IT WHEN POSSIBLE, AND PROVIDE A RESPONSIBLE ALTERNATIVE TO DISPOSAL FOR REMAINING SURPLUS. USEFUL MATERIALS ARE RECOVERED, PROCESSED, AND PROVIDED TO INSTITUTIONS SERVING VULNERABLE POPULATIONS BOTH LOCALLY AND AROUND THE WORLD. IN 2020, MORE THAN 175 TONS OF SURPLUS MATERIALS WERE RECOVERED FROM HEALTH FACILITIES IN THE TRI-STATE AREA. GLOBAL LINKS' VOLUNTEER PROGRAM WAS CLOSED FOR THE MAJORITY OF 2020 DUE TO COVID, BUT GENERALLY OFFERS MORE THAN 3,000 INDIVIDUALS OF ALL ABILITIES AN OPPORTUNITY TO IMPACT GLOBAL HEALTH AND CONVERT SURPLUS INTO LIFE-SAVING AND LIFE-IMPROVING DONATIONS. VOLUNTEERS SORT AND PACK THOUSANDS OF BOXES OF MEDICAL SUPPLIES, INSTRUMENTS, EQUIPMENT AS WELL AS CLEAN AND REPAIR MOBILITY DEVICES, ALL FOR DEPLOYMENT IN UNDERSERVED COMMUNITIES. VOLUNTEERS FROM EVERY WALK OF LIFE PROVIDE OVER 12,000 HOURS OF SERVICE WHILE LEARNING ABOUT ISSUES SURROUNDING GLOBAL HEALTH, INTERNATIONAL AID, ENVIRONMENTAL SUSTAINABILITY, AND POVERTY, HELPING THEM TO BE MORE INFORMED GLOBAL CITIZENS.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GLOBAL LINKS

Employer identification number
52-1629060

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

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

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	4,334,928	4,742,659	3,869,568	5,102,576	5,133,022	23,182,753
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	4,334,928	4,742,659	3,869,568	5,102,576	5,133,022	23,182,753
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						23,182,753

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	4,334,928	4,742,659	3,869,568	5,102,576	5,133,022	23,182,753
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	23,661	22,061	18,257	19,531	24,317	107,827
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						23,290,580

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.540 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	99.470 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c 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.*	3b		
c	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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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 supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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		
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		
c	**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 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in* ***Part VI****)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GLOBAL LINKS

Employer identification number
52-1629060

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,488,800	508,002	1,980,798
c Leasehold improvements				
d Equipment		391,064	167,437	223,627
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,204,425

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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 value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	7,495,951
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	7,495,951
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	7,495,951

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	6,512,583
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	6,512,583
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	6,512,583

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPALS, THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS RELATIVE TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED. USING THAT GUIDANCE, MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GLOBAL LINKS

Employer identification number
52-1629060

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☑ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			4,954,023
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			4,954,023

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

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

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 52-1629060

Name: GLOBAL LINKS

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	DONATIONS OF MEDICAL SUPPLIES;LISTTOTAL 0;LISTTOTAL 0	1,886,684
SOUTH AMERICA	0	0	PROGRAM SERVICES	DONATIONS OF MEDICAL SUPPLIES	367,895

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
VARIOUS	0	0	PROGRAM SERVICES	DONATIONS OF MEDICAL SUPPLIES	2,699,444

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				109,650	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				69,165	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA				79,153	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA				109,927	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA				185,397	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA				71,284	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA				127,186	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA				52,506	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA OF CARIBBEANCENTRAL AMERICA				82,685	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN				55,642	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEAN				63,065	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN				142,785	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEAN				175,460	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN				146,222	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEAN				200,113	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN				59,155	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEAN				64,711	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN				65,847	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEAN				70,064	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN				69,687	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEAN				100,227	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN				79,553	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEAN				75,093	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		VARIOUS				2,791,354	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GLOBAL LINKS

Employer identification number
52-1629060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR HEARING & DEAF SERVICESINC 1945 FIFTH AVENUE PITTSBURGH, PA 15219	25-0974324	501(C)(3)		47,534	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
CENTRAL OUTREACH WELLNESS CENTER 127 ANDERSON ST PITTSBURGH, PA 15212	14-1905430	501(C)(3)		13,046	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHOSEN INTERNATIONAL MEDICAL ASSISTANCE 3638 W 26TH ST ERIE, PA 16506	25-1451706	501(C)(3)		49,789	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES 1 SMITHFIELD STREET PITTSBURGH, PA 15222				523,395	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER PITTSBURGH COMMUNITY FOOD BANK 1 N LINDEN ST DUQUESNE, PA 15110	25-1420599	501(C)(3)		97,523	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
COMMUNITY FOUNDATION OF WESTMORELAND COUNTY 41 W OTTERMAN STREET SUITE 520 GREENSBURG, PA 15601	25-0965466	501(C)(3)		43,250	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PITTSBURGH BUREAU OF POLICE 1203 WESTERN AVENUE PITTSBURGH, PA 15233				192,688	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
LATINO COMMUNITY CENTER 212 9TH ST PITTSBURGH, PA 15222	27-1032748	501(C)(3)		8,428	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRYING TOGETHER 5604 SOLWAY STREET PITTSBURGH, PA 15217	25-6089906	501(C)(3)		163,316	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
THE EDUCATION PARTNERSHIP 281 CORLISS ST PITTSBURGH, PA 15220	90-0438744	501(C)(3)		251,339	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	THE MATERIAL DONATED TO MEDICAL EQUIPMENT RECYCLING PROGRAM (UPMC) WAS PROVIDED TO IMPROVE HEALTH, COMMUNITY SERVICES, OR TRAINING PROGRAMS OF A HEALTH-CARE FACILITY, SOCIAL SERVICE AGENCY OR SCHOOL IN THE UNITED STATES.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PREVENTION POINT PITTSBURGH 460 MELWOOD AVENUE SUITE 205 PITTSBURGH, PA 15213	25-1852314	501(C)(3)		39,725	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS
UPMC MEDICAL EQUIPMENT RECYCLING PROGRAM 2200 MEMERIAL DR FARRELL, PA 16121	25-1423657	501(C)(3)		14,303	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE NONPROFITS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VINTAGE SENIOR SERVICES 401 N HIGHLAND AVE PITTSBURGH, PA 15206				5,525	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PROJECT DESTINY INC 2200 CALIFORNIA AVENUE REV BRENDA J GREGG PITTSBURGH, PA 15212	26-0091366	501(C)(3)		30,708	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PITTSBURGH DIAPER BANK 201 N BRADDOCK AVENUE PITTSBURGH, PA 15208	35-2461923	501(C)(3)		27,555	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ALLEGHENY COUNTY HOUSING AUTHORITY 625 STANWIX STREET SUITE 12 PITTSBURGH, PA 15222				25,350	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPERATION SAFETY NET 930 WATSON STREET PITTSBURGH, PA 15219				24,568	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HUMAN SERVICES CENTER CORPORATION 519 PENN AVENUE TURTLE CREEK, PA 15145	25-1427632	501(C)(3)		20,628	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITTSBURGH EQUALITY CENTER 5840 ELLSWORTH AVENUE SUITE 100 PITTSBURGH, PA 15232	25-1469855	501(C)(3)		23,349	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
SCOTT MILLINER COMMUNITY OUTREACH CENTER 654 ILLINOIS AVENUE PITTSBURGH, PA 15221	82-1372151	501(C)(3)		17,671	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ACADEMY SCHOOLS 900 AGNEW ROAD PITTSBURGH, PA 15227				16,071	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE STREET PITTSBURGH, PA 15212	25-1715426	501(C)(3)		14,973	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOODWILL OF SOUTHWESTERN PA 118 52ND ST PITSBURGH, PA 15201	25-1098928	501(C)(3)		14,895	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
AIMED 3301 MCCRADY ROAD PITTSBURGH, PA 15235	46-4897306	501(C)(3)		14,552	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER VALLEY COMMUNITY SERVICES INC 300 HOLLAND AVENUE BRADDOCK, PA 15104	27-1078786	501(C)(3)		14,469	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ALLEGHENY COUNTY HEALTH DEPARTMENT 542 FOURTH AVENUE PITTSBURGH, PA 15219				13,915	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESOURCES FOR HUMAN DEVELOPMENT 4700 WISSAHICKON ACENUE SUITE 126 PHILADELPHIA, PA 19144	23-1727133	501(C)(3)		13,167	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
FOR GOOD PGH 910 BRADDOCK AVENUE BRADDOCK, PA 15104	82-0809728	501(C)(3)		12,900	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOUSING AUTHORITY OF THE CITY OF PITTSBURGH 200 ROSS STREET PITTSBURGH, PA 15219				12,675	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
FAMILY RESOURCES 1425 FORBES AVENUE PITTSBURGH, PA 15219	25-0728060	501(C)(3)		12,671	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROPEL NORTHSIDE COMMUNITY WELLNESS CENTER 1805 BUENA VISTA STREET PITTSBURGH, PA 15212				11,755	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH (BCAP) 3000 BROWNSVILLE ROAD PITTSBURGH, PA 15227	30-0742370	501(C)(3)		11,576	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CHILDREN'S INSTITUTE OF PITTSBURGH 1405 SHADY AVENUE PITTSBURGH, PA 15217	23-2935278	501(C)(3)		11,229	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HEART II HEART LLC 2121 NOBLESTOWN ROAD SUITE 100 PITTSBURGH, PA 15205				10,833	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE PROGRAM FOR OFFENDERS INC 564 FORBES AVENUE SUITE 930 PITTSBURGH, PA 15219	25-1296999	501(C)(3)		10,755	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
SCHENLEY HEIGHTS COMMUNITY DEVELOPMENT PROGRAM 3171 EWART DRIVE PITTSBURGH, PA 15219	25-1769982	501(C)(3)		10,568	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVE LIVING CONCEPTS 249 ROOSEVELT AVENUE SUITE 205 PAWTUCKET, RI 02860	05-0442015	501(C)(3)		10,525	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ALPHA HOUSE INC PO BOX 711 BALA CYNWYD, PA 19004	23-2288310	501(C)(3)		10,286	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRANSITIONAL SERVICES INC 389 ELMWOOD AVENUE BUFFALO, NY 14222	16-0990574	501(C)(3)		10,110	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
THE COMMUNITY AT HOLY FAMILY MANOR 301 NAZARETH WAY PITTSBURGH, PA 15229	84-1658772	501(C)(3)		9,266	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARC HUMAN SERVICES INC 111 W PIKE STREET CANONSBURG, PA 15317	25-1663522	501(C)(3)		8,739	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
POWER 309 5TH AVENUE SE OLYMPIA, WA 98501	39-2070376	501(C)(3)		8,634	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAINSTAY LIFE SERVICES 200 ROESSLER ROAD PITTSBURGH, PA 15220	25-1215557	501(C)(3)		8,586	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
EAST END COOPERATIVE MINISTRY 6140 STATION STREET PITTSBURGH, PA 15206	23-1722988	501(C)(3)		8,490	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

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MERAKEY FOUNDATION 2414 SCHOOL STREET MT PLEASANT, PA 15666	23-3005583	501(C)(3)		8,400	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HILL DISTRICT CONSENSUS GROUP 1835 CENTRE AVENUE PITTSBURGH, PA 15219	01-0732500	501(C)(3)		8,344	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MHY FAMILY SERVICES 521 PA-228 MARS, PA 16046	25-1793268	501(C)(3)		8,272	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PRESSLEY RIDGE 5500 CORPORATE DRIVE SUITE 400 PITTSBURGH, PA 15237	25-0965460	501(C)(3)		8,029	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILYLINKS 401 N HIGHLAND AVENUE PITTSBURGH, PA 15206	25-1209266	501(C)(3)		8,025	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
LIFE AIN'T SCRIPTED INC 409 HOWARD STREET EAST PITTSBURGH, PA 15112	45-3778588	501(C)(3)		7,843	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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RANKIN CHRISTIAN CENTER 230 3RD AVENUE RANKIN, PA 15104	20-0114753	501(C)(3)		7,814	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ALLEGHENY COUNTY JAIL - DISCHARGE AND RELEASE CENTER 950 SECOND AVENUE PITTSBURGH, PA 15219				7,800	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STO-ROX FAMILY CENTER 710 THOMPSON AVENUE MCKEES ROCKS, PA 15136				7,773	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
WILKINSBURG FAMILY CENTER 807 WALLACE AVENUE SUITE 205 PITTSBURGH, PA 15221				7,305	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH COMMUNITY CENTER OF GREATER PITTSBURGH 5738 FORBES AVENUE PITTSBURGH, PA 15217	25-1094514	501(C)(3)		7,286	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HIGHLANDS FAMILY CENTER 415 E 4TH AVENUE 6 TARENTUM, PA 15084				7,270	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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ACTION-HOUSING INC 611 WILLIAM PENN PLACE 800 PITTSBURGH, PA 15219	25-1629873	501(C)(3)		7,105	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
REFORMED PRESBYTERIAN HOME 2344 PERRYSVILLE AVENUE PITTSBURGH, PA 15214	25-0974327	501(C)(3)		7,000	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

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FOCUS ON RENEWAL 420 CHARTIERS AVENUE MCKEES ROCKS, PA 15136	23-7181440	501(C)(3)		6,996	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PA CONNECTING COMMUNITIES 800 N BELL AVENUE SUITE 200 CARNEGIE, PA 15106	20-1118762	501(C)(3)		6,852	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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MCKEESPORT AREA SCHOOL DISTRICT 3590 ONEIL BOULEVARD MCKEESPORT, PA 15132				6,825	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ARMSTRONG CARE INC 1400 4TH AVENUE FORD CITY, PA 16226	23-2943784	501(C)(3)		6,685	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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WESTMORELAND COUNTY DEPARTMENT OF PUBLIC SAFETY 911 PUBLIC SAFETY ROAD GREENSBURG, PA 15601				6,607	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ADAGIO HEALTH TWO GATEWAY CENTER 603 STANWIX STREET 500 PITTSBURGH, PA 15222	23-7104168	501(C)(3)		6,525	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHSIDE COMMON MINISTRIES 1601 BRIGHTON ROAD PITTSBURGH, PA 15212	25-1458490	501(C)(3)		6,470	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
FREEDOM NOW HOME CARE 322 NORTH SHORE DRIVE PITTSBURGH, PA 15212				6,120	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PITTSBURGH MERCY HEALTH SYSTEM 1200 REEDSDALE STREET PITTSBURGH, PA 15233	25-1464211	501(C)(3)		5,907	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
CATHOLIC CHARITIES OF THE DIOCESE OF PITTSBURGH 212 NINTH STREET PITTSBURGH, PA 15222	25-1326213	501(C)(3)		5,880	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SQUIRREL HILL HEALTH CENTER 4516 BROWNS HILL ROAD PITTSBURGH, PA 15217				5,875	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ST VINCENT DE PAUL - PITTSBURGH 1501 REEDSDALE STREET 3003 PITTSBURGH, PA 15233	25-1549926	501(C)(3)		5,870	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CREATIVE DIALOGUES 3875 FRANKLINTOWNE COURT SUITE 220 MURRYSVILLE, PA 15668				5,740	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
DUQUESNE FAMILY CENTER 1 LIBRARY PLACE PITTSBURGH, PA 15233				5,728	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STEP BY STEP INC 275 CURRY HOLLOW ROAD 3 PLEASANT HILLS, PA 15236	23-2053563	501(C)(3)		5,668	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ADAGIO HEALTH - ALIQUIPPA 99 AUTUMN STREET ALIQUIPPA, PA 15001	23-7104168	501(C)(3)		5,595	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAPTIST HOMES SOCIETY 489 CASTLE SHANNON BLVD PITTSBURGH, PA 15234	25-0339430	501(C)(3)		5,526	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HOLY FAMILY INSTITUTE 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202	25-0984606	501(C)(3)		5,427	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARTIERS CENTER 437 RAILROAD STREET BRIDGEVILLE, PA 15017	25-1203882	501(C)(3)		5,367	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
STAR QUALITY ENTERPRISES 2547 PEMBERTON ROAD LAURA, OH 45337				5,328	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF PITTSBURGH PARKS AND RECREATION 414 GRANT STREET PITTSBURGH, PA 15214				5,232	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
NORTHERN AREA MULTI SERVICE CENTER 209 13TH STREET PITTSBURGH, PA 15215				5,207	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LINCOLN PARK FAMILY CENTER 7300 RIDGEVIEW AVENUE PITTSBURGH, PA 15235				5,163	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PITTSBURGH BLACK NURSES IN ACTION (PBNIA) PO BOX 5544 PITTSBURGH, PA 15206	25-1609325	501(C)(3)		5,054	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RESIDENTIAL CARE SERVICES INC 2400 ARDMORE BLVD SUITE 601 PITTSBURGH, PA 15221	25-1444331	501(C)(3)		5,032	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HOMEWOOD CHILDREN'S VILLAGE 801 N HOMEWOOD AVENUE PITTSBURGH, PA 15208	27-1885583	501(C)(3)		5,001	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GLOBAL LINKS

Employer identification number
52-1629060

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	803	2,290,267	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? — 30a		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? — 31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? — 32a		No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GLOBAL LINKS

Employer identification number
52-1629060

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY BEFORE IT IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS MEETS FOUR TIMES PER YEAR. AT THESE MEETINGS, ANY CONFLICTS OF INTEREST ARE DISCUSSED WITH THE DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PERSONNEL COMMITTEE OF THE BOARD EVALUATES THE EXECUTIVE DIRECTOR'S PERFORMANCE BASED ON A SELF-EVALUATION AND ON GOALS THAT WERE SET THE PREVIOUS YEAR. THE BOARD THEN REVIEWS THE COMPENSATION AND VOTES ON ANY CHANGE IN COMPENSATION. NO OTHER OFFICERS RECEIVE COMPEN SATION. THERE ARE NO KEY EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE O, PART XII, LINE 2C	SCHEDULE O, PART XII, LINE 2C: THE AUDIT COMMITTEE SELECTS THE INDEPENDENT ACCOUNTANT AND REVIEWS THE AUDIT, DISCUSSING ANY AREAS OF CONCERN WITH THE INDEPENDENT ACCOUNTANT AND GLO BAL LINKS' STAFF.