2013

FEDERAL FILING INSTRUCTIONS

CLIENT GLOBAL

GLOBAL ROOTS

20-5051527

5/15/14

12:12PM

ELECTRONICALLY FILED:

FORM 990-EZ - 2013 SHORT FORM RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX \cdot

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-E0 - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	,-	-	
For calencar year 2013, or fiscal year beginning		20	13. and ending

OMB No. 1545-1878

5 b

➤ Do not send to the IRS. Keep for your records.

2013

Department of the Treasury Internal Revenue Service Name of exempt organization information about Form 8879-EO and its instructions is atwww.irs.gov/form8879eo. GLOBAL ROOTS 20-5051527 RICHARD MONTGOMERY PRESIDENT & CEO Part Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a; 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered .0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1/2 Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line (2), 1/2 Form 990-EZ, line 990-EZ, 2.b 130,389. b Tax based on Investment income (Form 990-PF, Part VI, line 5). 3a Form 1120-POL check here..... 4a Form 990-PF check here

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete, further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or funds withdrawal. (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation and the copy of the organization's federal taxes over on this return.

organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement authorize the financial institutions forwarded in the payment (settlement).	
answer inquiries and resolve issues related to the payment of the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information in the relation payment of takes to receive confidential information payment of takes to receive confidential information payment of takes to receive confidential information payment of takes to receive the relation payment of takes to relation payment of takes to receive the relation payment of takes to relation payment of takes to receive the relation payment of takes to relation payment of takes to relation payment	
organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal	gnature for the
Officer's PIN: check one box only	4 6
X authorize SIMPSON & COMPANY to enter my PIN 72521	as my signature
ERO first name Enter five numbers, do not order all zero	brust 5
on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO the return's disclosure consent screen.	rn is being filed with to enter my PIN on
As an officer of the organization. I will enter my PIN as my signature on the organization's tax year 2013 electronically fundicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of program. I will enter my PIN on the return's disclosure consent screen.	iled return. If I have the IRS Fed/State
Offider springularies in 12 H MA Date - 5/14/19	
Part III Certification and Authentication	# 5 m - 1
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit, self-selected PIN:	93307720021
the state of the s	do not enter all zeros
I cedify that the above numeric entry is my PIN, which is my signature on the 2013 electronically tiled return for the organization above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Authorized RS evile Providers for Business Returns.	stion indicated Information for

EPfOts: signature	- LISA A. JOERIN		Date -	
	po No	ERO Must Retain This of Submit This Form To th	Form — See Instructions le IRS Unless Requested To Do S	0

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

TEEA74015, 10/07/13

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-1150

2013

Department of the Treasury Internal Revenue Service ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Open to Public Inspection

Control spollable Codes Storage Catolana Control Catolana Cont	A	For th	ne 2013 calendar year, or tax year beginning , 2013, and ending	,	
Rank change into return SEATTLE, WA 98104 Fermioristic state of the company of t	B	Check i	f applicable: C	Employer identification number	
Institution return SEATTLE, WA 9810.4 SEATTLE			hance GLOBAL ROOTS	20-5051527	
Appleation period Appleation Apple	=		otur 220 2ND AVE S, UNIT #111	Telephone number	
Accounting Method:	=		Γ		
Appletation personn Authority Accrual Other (specify)		Amend	ed return	Group Exemption	
Website: * Wildly (_STOBALROOTS_C)RG Tax-exempt status (check only ene) - \begin{align*} \begin{align*} \sqrt{30}(c) & \sqrt{30}(c) & \sqrt{40}(c) & \sqrt{40}(c) & \sqrt{50}(c) & \sq		Applica	ition pending	Number	
Tax-exempt status (check wity emp)				if the organization is not	
K Form of organization:	1	Webs			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$300,000 or more, file Form 990 instead of Form 990-EZ.	J	Tax-ex	empt status (check only one) $ \times$ 501(c)(3) $-$ 501(c)() \blacktriangleleft (insert no.) $-$ 4947(a)(1) or $-$ 527 $-$ 990, 990-t	EZ, or 990-PF).	
assets (Part II, column (B) below) are \$500,000 or more, file Form '990 instead of Form '990-EZ. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					_
Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received.		asset	s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$ 130,389	<u>.</u>
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Less: cost or other basis and sales expenses. 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 C Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 5 C Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 C Less: direct expenses from gaming and fundraising events. 6 A Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 A Gross sales of inventory, less returns and allowances. 7 B Less: cost of goods sold. 6 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 C B Other revenue (describe in Schedule O). 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 130, 389. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 4, 46c. 14 Cocupancy, rent, utilities, and maintenance. 15 Cother expenses. Add lines 10 through 16. 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 The Acta of the payments and of year. Combine lines 18 through 20. 21 Total expenses. Add lines at end of year. Combine lines 18 through 20. 21 Total expenses.	Pa	rt l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions for Part I)	
2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Less: cost or other basis and sales expenses. 5 C Sain or (less) from sale of assets other than inventory (Subtract line 5b from line 5b). 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 6 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 C Less: direct expenses from gaming and fundraising events. 6 d Net income or (Joss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 b Less: cost of goods sold. 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 c Other revenue (describe in Schedule O). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 130, 389. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 11 2 Salaries, other compensation, and employee benefits. 12 Printing, publications, postage, and shipping. 13 Professional fees and other payments to independent contractors. 14 4 4, 600. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 Net assets or fund balances at end of year. Combine lines 1					X
3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory. 5 b Less: cost or other basis and sales expenses. 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 6 Gaming and fundraising events (not including \$ 5 of contributions 6 from fundraising events (not including \$ 6 c Less: direct expenses from gaming and fundraising events. 6 c d Net income or (loss) from gaming and fundraising events. 6 c d Net income or (loss) from gaming and fundraising events. 6 c d Net income or (loss) from gaming and fundraising events. 6 c d Net income or (loss) from gaming and fundraising events. 6 c d Net income or (loss) from gaming and fundraising events. 7 a b Less: cost of goods sold. 7 a Gross sales of inventory, less returns and allowances. 7 a b Less: cost of goods sold. 7 b C C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 b C C R S Other revenue (describe in Schedule O). 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 11 C Salaries, other compensation, and employee benefits. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 4 4,600. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10, 816. 20 Other changes in net assets or fund balances (e		l			<u>.</u>
4 Investment income 5 a Gross amount from sale of assets other than inventory. b Less: cost or other basis and sales expenses. c Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. 6 c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross priofit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross priofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 4, 462. 14 Occupancy, rent, utilities, and maintenance. 15 Frinting, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 7f from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10, 816. 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20.			*	· · · · · · · · · · · · · · · · · · ·	
5 a Gross amount from sale of assets other than inventory. b Less: cost or other basis and sales expenses. 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ for fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 d Net income or (loss) from gaming and fundraising events. 6 d Net income or (loss) from gaming and fundraising events. 6 d Net income or (loss) from gaming and fundraising events. 6 d Net income or (loss) from gaming and fundraising events. 6 d Net income or (loss) from gaming and fundraising events. 7 a Gross sales of inventory, less returns and allowances. 7 b Less: cost of goods sold. 6 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 c Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 130, 389. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 4, 462. 14 Occupancy, rent, utilities, and maintenance. 14 4, 600. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Net assets or fund balances at end of year. Combine lines 18 through 20. 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20.		3	·		
b Less: cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 5b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue (describe in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 4, 462. 14 Occupancy, rent, utilities, and maintenance. 14 4, 600. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). SEE SCHEDULE O 16 71, 133. 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Net assets or fund balances (explain in Schedule O). 20 Vet exchanges in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Net assets or fund balances at end of year. Combine lines 18 through 20.				. 4	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)		Ē.			
Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)		l .			
a Gross income from gaming (attach Schedule G if greater than \$15,000)				5c	_
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b c Less: direct expenses from gaming and fundraising events. 6c d d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6d c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6d c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a d b Less: cost of goods sold. 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 Other revenue (describe in Schedule O). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 130, 389. 10 Grants and similar amounts paid (list in Schedule O). 10 11 Benefits paid to or for members. 11 Salaries, other compensation, and employee benefits. 12 Salaries, other compensation, and employee benefits. 12 Salaries, other compensation, and employee benefits. 12 53,080. 13 Professional fees and other payments to independent contractors. 13 4, 462. 14 4,600. 15 Printing, publications, postage, and shipping. 15 53. 16 Other expenses (describe in Schedule O). SEE SCHEDULE 0 16 71,130. 17 Total expenses. Add lines 10 through 16. 18 Couple and the payments to fund balances (explain in Schedule O). 20 Total expenses in net assets or fund balances (explain in Schedule O). 20 Total expenses.	Ŗ	l .			
c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods soid. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 130, 389. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 7, 880.	Ž	l .	hammer of the control	\exists	
c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods soid. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 130, 389. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 7, 880.	Ņ		from fundraising events reported on line 1) (attach Schedule G if the sum		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7a b Less: cost of goods sold. 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	Ē	1	of such gross income and contributions exceeds \$15,000)		
6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 Net assets or fund balances at end of year. Combine lines 18 through 20.		C	Less: direct expenses from gaming and fundraising events		
Ta Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 130, 389. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20.		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6d	
b Less: cost of goods sold		7 a	Gross sales of inventory, less returns and allowances		_
8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20.		b	Less: cost of goods sold		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 10 10 11 11 11 12 53,080. 13 4,462. 14 4,600. 15 53. 16 71,130. 17 133,325. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -2,936. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 10 Other changes in net assets or fund balances (explain in Schedule O). 20 Very definition of the year (Subtract line 18 through 20.		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
Total expenses. Add lines 10 through 16. Received by September 17. Net assets or fund balances at end of year. Combine lines 18 through 20. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 53,080. 13 Professional fees and other payments to independent contractors. 13 4,462. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10,816. 20 Net assets or fund balances at end of year. Combine lines 18 through 20.		8	Other revenue (describe in Schedule O)	8	_
10 Grants and similar amounts paid (list in Schedule O). 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 53,080. 13 Professional fees and other payments to independent contractors 13 4,462. 14 Occupancy, rent, utilities, and maintenance 14 4,600. 15 Printing, publications, postage, and shipping 15 53. 16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 71,130. 17 Total expenses. Add lines 10 through 16. 17 133,325. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -2,936. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10,816. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20.		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 130,389	.
Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10,816. 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20.		10		. 10	
Professional fees and other payments to independent contractors. 13 4,462. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10,816. 20 Other changes in net assets or fund balances (explain in Schedule O). 21 7,880.		11	Benefits paid to or for members	11	
16 Other expenses (describe in Schedule O) SEE SCHEDULE O 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10,816. 20 Other changes in net assets or fund balances (explain in Schedule O). 21 7,880.	E	12	· · · · · · · · · · · · · · · · · · ·	00,000).
16 Other expenses (describe in Schedule O) SEE SCHEDULE O 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10,816. 20 Other changes in net assets or fund balances (explain in Schedule O). 21 7,880.	Ρ̈́E	13	· ·	. 13 4,462	
16 Other expenses (describe in Schedule O) SEE SCHEDULE O 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10,816. 20 Other changes in net assets or fund balances (explain in Schedule O). 21 7,880.	N	14).
17 Total expenses. Add lines 10 through 16.	E S	l .	Printing, publications, postage, and shipping		
17 Total expenses. Add lines 10 through 16.			Other expenses (describe in Schedule O)		
N\$ 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20. 20 7, 880.		17	Total expenses. Add lines 10 through 16		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	А	18	, , , , , , , , , , , , , , , , , , , ,	2,33	<u>.</u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	NS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		_
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ΤĒ	20			٠.
	S				
	BΔ			Form 990-EZ (2013	

	1990-EZ (2013) GTORAT KOOT2				<u>-505</u>	1321 rage 2
Par	t II Balance Sheets (see the insti	ructions for Part II)	ration in this Dart II			X
	Check if the organization used Sche	dule O to respond to any que	estion in this Part II.	(A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			3, 680		2,474.
23	Land and buildings		, , , , , , , , , , , , , , , , , , , ,	.5,000	23	
24	Land and buildings Other assets (describe in Schedule O)	SEE SCHEDULE	E.O	7,170		5,440.
25				10,850		7,914.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULE	[<u>Q</u>	34	. 26	34.
27	Net assets or fund balances (line 27 of o			10,816	. 27	7,880.
Par	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	III	·	Expenses
What	Check if the organization used School is the organization's primary exempt purpose? SEE		uestion in this Part	Ш		uired for section 501 and 501(c)(4)
Wildt.	ribe the organization's program service as	COMPLISHMENTS for each of i	ts three largest prod	ram services as	orgar	nizations and section
mea	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	manner, describe the service	es provided, the nu	mber of persons	for ot	(a)(1) trusts; optional thers,)
28		ach program tiue.				
20	SEE SCHEDULE O			·		
	(Grants \$) If thi	s amount includes foreign gr	ants, check here		28 a	70,465.
29	PROJECT AFGHAN CHILDREN.	ASSISTED OUR LOCA				70, 400.
	A LARGE HOME WHERE HE SHE					
	ORPHANS AND PROVIDES A GA	RDEN FOR THE CHILD	REN.			
	(Grants \$) If the	s amount includes foreign gr	ants, check here	► X	29 a	16,496.
30	PROJECT TIBET. SUPPORT O	<u>F_THREE_ORPHANAGES</u>	FOR ABANDON	ED_CHILDREN.		
				. -		
	767			· 		
31		s amount includes foreign gr	Tants, check here	> X	30 a	13,869.
31		is amount includes foreign gr			31 a	10 500
32	Total program service expenses (add lir				32	12,509. 113,339.
	t IV List of Officers, Directors,					instructions for Part IV)
	Check if the organization used Scl					
		(b) Average hours per	(c) Reportable compensa (Forms W-2/1099-MISC	tion (d) Health benefit	is,	(e) Estimated amount of
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and de	ferred	other compensation
PΔr	TRICK FIROUZIAN			Compensation		MANUAL L
	CE PRESIDENT	. 0		0.	ο.	0.
	MES V GEARHART					
TRI	EAS SEC	0		0.	0.	0.
	EILA CAPESTANY					,
	RECTOR	0		0.	0.	0.
	ZANNE PARRY					
	RECTOR	0		0.	0.	0.
	CHARD MONTGOMERY	40	40.00		.0	•
PRI	FOIDENI/ED	40	48,00		0.	0.
	TTWW.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1					
		•				
			1			
			,			

		A				
			, , , , ,			- mire - 44
	1100					
ВАА		TEEA0812L 1	1/27/13	v		Form 990-EZ (2013)
		ILLAUS IZL I	1/4//13			Form Gu (1. F7 (2012)

distriction is treat

Page 3

Par	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	·····	,	X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes, 'provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant			
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. • 37a 0.	4376		37
	Did the organization file Form 1120-POL for this year?	37 b	1.713	X
50 8	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	i wasa say	X
Ŀ	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved	varidi.	ilianos:	15517018
39	Section 501(c)(7) organizations. Enter:	4		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	1/20/11/20 1/20/11/20	
700	section 4911 • 0.; section 4912 • 0.; section 4955 • 0.			
ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		7.000	
_	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported		·	
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
,0	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	-		
•	by the organization			8000
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	900001000	MW 1990	SUMMER AND
•	a half-the terresting. At any time daming the tax year, was the organization a party to a prominted tax	40.		v
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA	40 e		X
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR 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)?	366-9	525 Yes	No X
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Telephone no. 503-8 Located at PO BOX 28416 PORTLAND OR ZIP + 4 97223	366-9		
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR 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)?	366-9		
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR 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)?	366-9		No_
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR 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)?	366-9 3 42b		
41 42 a	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	366-9 3 42b		No X
41 42 a	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	366-9 3 42b		No X
41 422	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR ZIP+4 97221 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	366-9 3 42b 42c		No X
41 422	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?. If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.	366-9 3 42b 42c		No X
41 422	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR ZIP+4 97221 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	366-9 3 42b 42c	Yes	No X X N/A
41 422	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR 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)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: P Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. P 43	366-9 3 42b 42c		No X X
41 422	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR 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)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. List the states with which a copy of this return is filled by Wall and Section 1. The property of the property	366-9 3 42b 42c	Yes	No X N/A N/A N/A
41 42 2 43 44 3	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed POR WA The organization's books are in care of PRICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR ZIP + 4 P 97221 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. At Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	366-9 3 42b 42c	Yes	No X X N/A
41 42 2 43 44 3	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed \(\bigcap \) OR WA The organization's books are in care of \(\bigcap \) RICHARD MONTGOMERY Located at \(\bigcap \) PO BOX 28416 PORTLAND OR At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: \(\bigcap \) See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: \(\bigcap \) Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42 b 42 c	Yes	No X N/A N/A No X
41 42 2 43 44 3	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled OR WA The organization's books are in care of RICHARD MONTGOMERY Located at PO BOX 28416 PORTLAND OR 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)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43 In the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42 b 42 c	Yes	No X N/A N/A N/A No X
41 42 2 43 44 3	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled \(\bigcup \) OR WA The organization's books are in care of \(\bigcup \) RICHARD MONTGOMERY Located at \(\bigcup \) PO BOX 28416 PORTLAND OR 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)? See the instructions for exceptions and filling requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: \(\bigcup \) See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: \(\bigcup \) Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. At Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 700 to report these payments?	42 b 42 c 44 a 44 a	Yes	No X N/A N/A No X
41 42 2 43 44 3 44 3	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled ► OR WA Telephone no. ► 503-6 DoR WA Telephone no. ► 503-6 ZIP + 4 ► 97221 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. List the states with which a copy of this return is filled by the proposed of Form 990-EZ. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization perate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yo,' provide an explanation in Schedule O.	42 b 42 c 44 a 44 a	Yes	No X N/A N/A No X X X X
41 42 2 43 44 3 44 3 45 2	shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed ► OR WA Telephone no. ► 503-1 ZIP + 4 ► 97221 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)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?. If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?. If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. List the states with which a copy of this return is filled a Form 990-EZ. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "Yo," organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 a 44 b 44 c 44 d 45 a	Yes	No X N/A N/A No X
41 42 2 43 44 3 44 3 45 2	shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed > OR WA The organization's books are in care of > RICHARD MONTGOMERY	44 a 44 b 44 c 44 d 45 a	Yes	No X N/A N/A No X X X X

<u>JOERIN</u>

May the IRS discuss this return with the preparer shown above? See instructions...... ► X Yes No

Date

No

PRESIDENT & CEO

Check if

self-employed

Firm's EIN

PTIN

(503)

P00408031

93-0741343

222-3673

Form 990-EZ (2013)

charitable trusts must attach a completed Schedule A.....

Preparer's signature

Α.

LISA

Signature of officer

Print/Type preparer's name

Α.

LISA

Firm's address >

RICHARD MONTGOMERY
Type or print name and title

<u>JOERIN</u>

PORTLAND,

SIMPSON & COMPANY

2165 S.W. MAIN STREET

OR 97205

Sign

Here

Paid

Preparer

Use Only

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.

CLIENT COPY

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2013

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	BAL ROOTS		<u>.</u>						05152			
	l Reason for Publ							See i	nstruct	ions.		
The o	organization is not a priva		•			_	,					·
1			ciation of churches des		section	n 170(b)	(1)(A)(i)					
2	├)(ii). (Attach Schedule E	•								
3			e organization describe				,,,,,					
4	\Box	-	in conjunction with a h	ospital (describe	d in sec	ction 17	U(b)(1)(A	4)(iii) . Ei	nter the hos	pital's	5
E	name, city, and state		college or university own					Turnit do	المطانعة			
5	170(b)(1)(A)(iv). (Con	mplete Part II.)	college of university own	ied or opt	erated by	y a gove	ппена	i unit ue:	scribed ir	Section		
6			overnmental unit descri									
7		A)(vi). (Complete Par			_	ental un	it or fron	n the ger	neral pub	lic described	ţ	
8	_		70(b)(1)(A)(vi). (Comple									
9	from activities related investment income a	ormally receives: (1) m to its exempt functions ind unrelated busines: section 509(a)(2). (Co	ore than 33-1/3% of its s — subject to certain exc s taxable income (less mplete Part III.)	support fr eptions, a section	om cont and (2) r 511 tax;	ributions no more) from b	, membe than 33- usiness	ership fe 1/3% of es acqu	es, and g its suppo ired by t	gross receipt ort from gros he organiza	s s ition a	after
10			xclusively to test for pu		,,		(,	· · · · ·				
11	An organization organimore publicly suppor describes the type of	ized and operated excluted organizations des f supporting organizat	usively for the benefit of, scribed in section 509(a tion and complete lines	to perfor a)(1) or s 11e thro	rm the fu section to ough 11	ınctions 509(a)(2 h.	of, or ca 2). See s	rry out th section	ne purpos 509(a)(3)	ses of one o). Check the	box f	that
	a ☐ Type I b		Type III — Functio	_						unctionally		ated
е	By checking this box other than foundation section 509(a)(2).	, I certify that the organisms and other the	anization is not control an one or more publicly	led direc supported	tly or in d organiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	ified persor)(1) or	IS	
f	If the organization reco	eived a written determii	nation from the IRS that	is а Туре	l, Type	II or Typ	e III sup	porting	organizat	ion,		
· g			on accepted any gift, o									,
	(i) A person who	directly or indirectly co	ontrols, either alone or	together	with pe	ersons c	escribe	d in (ii)	and (iii)	<u> </u>	Yes	No
			oported organization?.									
		•	bed in (i) above?									
	(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	ibove?		· • • • • • • •				11 g (iii)		
h	Provide the following	information about th	e supported organization	on(s).			:					
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in i) listed in overning ment?	(v) Did ye the organ column (sup	ou notify lization in (i) of your port?	organiz colui organiz	Is the zation in mn (i) ed in the S.?	(vii) Amoun sup	t of mor port	netary
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No	Yes	No	Yes	No			
(A)										'		
***************************************										*****		
(B)	· · · · · · · · · · · · · · · · · · ·											
(C)	77-1100.1.			J			ļ.,.	~~~~				
(D)												
	- constant the second											
<u>(E)</u>						577.0790000		Oliveren o	HANNAN BUÁDA	***		
Total		tumou di di		E POPULE.		11.080						
BAA	For Paperwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	990-EZ.		5	Schedule	A (Form	990 or 990	·EZ) 2	013
			,									
			,									
	8		TEEA0401L (06/28/13		•						
				-								

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	***		~			
begiı	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	95,332.	103,549.	136,832.	121,493.	130,389.	587,595.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	"			·		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	95,332.	103,549.	136,832.	121,493.	130,389.	587,595.
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)						132,208.
6	Public support. Subtract line 5 from line 4						455,387.
<u>Sec</u>	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	95,332.	103,549.	136,832.	121,493.	130,389.	587,595.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	117.	252.	95.	~		464.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		(COSSANTIAS/ASSANT)				0.
11	Total support. Add lines 7 through 10	908 je 008				110.00 120.00	588,059.
12	Gross receipts from related activ	vities, etc (see ins	tructions)				0.
13	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	tax year as a section	on 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 20						77.44%
	Public support percentage from						75.03 %
16 a	a 33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pu	did not check the olicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box
ŀ	33-1/3% support test – 2012. If and stop here. The organization	the organization on qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 or 16 or 16 or 16 or 16 or 17 or 18	Sa, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop he	re. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ed organization	t IV how the
BAA				-1111			90 or 990-EZ) 2013
	•					TOTAL COURT OF	, , , , , , , <u>, , , , , , , , , , , , </u>

Schedule A (Form 990 or 990-EZ) 2013 GLOBAL ROOTS

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization failed to qualify under the tests listed below, please complete Part II.)	to quality under the tests hated below, pie	ase complete rait ii.)		
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fai	to qualify under the tests listed below inle	ase complete Part II \		
	(Complete only if you checked the box on line	e 9 of Part I or if the organization	n failed to qualify unde	er Part II. If the organization fai

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.				11 - 2 - 100 - 101		
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						1 11 11 11 11 11 11 11 11 11 11 11 11 1
_	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)	J	Tri (18) (18) (18) (18) (18) (18) (18) (18)				
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
^9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				`		
(Add lines 10a and 10b						HEWITE A. L.
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 IV.)		,	1	Ç		
13	Total Support. (Add Ins 9,10c, 11 and 12.)					7.77	
14	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15 16	Public support percentage for 20 Public support percentage from						. %
	tion D. Computation of Inv				,		
17	Investment income percentage f				ımn (f))		%
18	Investment income percentage f						%
	33-1/3% support tests — 2013. I is not more than 33-1/3%, check	f the organization k this box and sto	did not check the p here. The orgar	box on line 14, a nization qualifies a	and line 15 is mor as a publicly supp	e than 33-1/3%, a orted organization	nd line 17
	33-1/3% support tests – 2012. It line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	ialifies as a public	ly supported orga	nization 🏲 📗
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	
BAA			TEEA0403L	06/28/13	Sc	hedule A (Form 99	0 or 990-EZ) 2013

	Form 990 or 990-EZ) 2013	GLOBAL ROOTS	20-5051527 Page
art IV	Supplemental Informati or 17b; and Part III, line	on. Provide the explanations required by Par 12. Also complete this part for any additiona	t II, line 10; Part II, line 17a I information.
((See instructions).		
			·
			·
		-	
	•	·	
		·	
		— — — — — — — — — — — — — — — — —	
		·	·
			·
			·····
			·
			·
			·
		·	·
		·	
		·	·
			
		,	
			`
A			Schedule A (Form 990 or 990-EZ) 2013
		TEEA0404L 06/28/13	

THE STREET

- I

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

2013

OMB No. 1545-0047

Name of the organization	•	Employer identification number
GLOBAL ROOTS		20-5051527
Organization type (check one):	She.	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter numb	per) organization
	4947(a)(1) nonexempt char	ritable trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private fo	pundation
	4947(a)(1) nonexempt char	ritable trust treated as a private foundation
	501(c)(3) taxable private fo	·
		andation
Check if your organization is covered	by the General Rule or a Special Rule	17000
Note. Only a section 501(c)(7), (8), o	r (10) organization can check boxes for bo	oth the General Rule and a Special Rule. See instructions.
General Rule For an organization filing Form 990, contributor. (Complete Parts I an	990-EZ, or 990-PF that received, during the v	year, \$5,000 or more (in money or property) from any one
Special Rules		
X For a section 501(c)(3) organizat 509(a)(1) and 170(b)(1)(A)(vi) an (2) 2% of the amount on (i) Form	ion filing Form 990 or 990-EZ that met the id received from any one contributor, durin i 990, Part VIII, line 1h, or (ii) Form 990-E:	33-1/3% support test of the regulations under sections g the year, a contribution of the greater of (1) \$5,000 or Z, line 1. Complete Parts I and II.
the prevention of cruelty to childr	en or animals. Complete Parts I, II, and III	
purpose. Do not complete any of the	e parts unless the General Rule applies to this	eceived from any one contributor, during the year, e contributions did not total to more than \$1,000. If the year for an <i>exclusively</i> religious, charitable, etc, s organization because it received nonexclusively
religious, charitable, etc, contribu	itions of \$5,000 or more during the year	
990-PF) but it must answer 'No' on F	covered by the General Rule and/or the Sp Part IV, line 2, of its Form 990; or check th ot meet the filing requirements of Schedule	pecial Rules does not file Schedule B (Form 990, 990-EZ, or le box on line H of its Form 990-EZ or, on its Form 990-PF, e B (Form 990, 990-EZ, or 990-PF).
BAA For Paperwork Reduction Act or 990-PF.	Notice, see the Instructions for Form 990,	, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
	· .	

2 of **Part 1**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013) Page 1 of Employer identification number Name of organization 20-5051527 GLOBAL ROOTS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is ne	eeded.	
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	CHARLEY KEARNS PO BOX 2361 LOS GATOS, CA 95031	\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	FRANK CHING & CHARLEY KEARNS P. O. BOX 2361 LOS GATOS, CA 95031	\$_	5 <u>,</u> 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	CHARLES D. TROVER FAMILY FOUNDATION 16025 SW ROBERTS RD SHERWOOD, OR 97140	\$	33,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	HOWARD AND LYNN BEHAR 225 108TH AVENUE NE, SUITE 400 BELLEVUE, WA 98004		10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) Number	225 108TH AVENUE NE, SUITE 400 BELLEVUE, WA 98004 (b)		(c) Total contributions	Payroll Noncash Complete Part II for
(a)	225 108TH AVENUE NE, SUITE 400 BELLEVUE, WA 98004		(c) Total	Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	225 108TH AVENUE NE, SUITE 400 BELLEVUE, WA 98004 Name, address, and ZIP + 4 EBAY 2065 HAMILTON AVE		(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) Number	225 108TH AVENUE NE, SUITE 400 BELLEVUE, WA 98004 Name, address, and ZIP + 4 EBAY 2065 HAMILTON AVE SAN JOSE, CA 95012 (b)		(c) Total contributions 22,500.	Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page

2 of

2 of **Part 1**

GLOBAL ROOTS

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number 20-5051527

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	10 11000001	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRAVIS GEARHART		Person X
	71741 LONDON PD	\$ 7,136.	Payroll Noncash
			(Complete Part II for
•	COTTAGE GROVE, OR 97424		noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GLOBAL GIVING FOUNDATION		Person X
	1023 15TH STREET, NW, 12TH FLR	\$8,618.	Payroll Noncash
	WASHINGTON , DC 20005		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MICROSOFT MATCHING GIFTS		Person X
	ONE MICROSOFT WAY	\$7 <u>,900.</u>	Payroll Noncash
	REDMOND, WA 98052	•	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4 BAILEY VARNESS	(c) Total contributions	Person X
Number	Name, address, and ZIP + 4	(c) Total contributions	
Number	Name, address, and ZIP + 4 BAILEY VARNESS	contributions	Person X Payroll
Number	Name, address, and ZIP + 4 BAILEY_VARNESS 521 E TRUSLOW AVENUE	contributions	Person X Payroll Noncash (Complete Part II for
10	Name, address, and ZIP + 4 BAILEY VARNESS 521 E TRUSLOW AVENUE FULLERTON, CA 92832	\$5,000.	Person X Payroll
10_ (a) Number	Name, address, and ZIP + 4 BAILEY VARNESS 521 E TRUSLOW AVENUE FULLERTON, CA 92832 (b) Name, address, and ZIP + 4	\$5,000.	Person X Payroll
10	Name, address, and ZIP + 4 BAILEY VARNESS 521 E TRUSLOW AVENUE FULLERTON, CA 92832	\$ 5,000.	Person X Payroll
10 _ (a) Number	Name, address, and ZIP + 4 BAILEY VARNESS 521 E TRUSLOW AVENUE FULLERTON, CA 92832 (b) Name, address, and ZIP + 4	\$5,000. (c) Total contributions	Person X Payroll
10 _ (a) Number	Name, address, and ZIP + 4 BAILEY VARNESS 521 E TRUSLOW AVENUE FULLERTON, CA 92832 (b) Name, address, and ZIP + 4	\$5,000. Total contributions \$5,000.	Person X Payroll

Page

1 to

of Part II

Name of organization

GLOBAL ROOTS

ployer identification number

20-5051527

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			'
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
W		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
ВАА	Sche	dule B (Form 990, 990-EZ, d	or 990-PF) (2013)

Name of organization Employer identification number GLOBAL ROOTS 20-5051527 (b) Purpose of gift (a) No. from Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (a) No. from Part I (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (a) No. from Part I (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

BAA

TEEA0704L 12/27/13

Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Relationship of transferor to transferee

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

GLOBAL ROOTS	20-5051527
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EX	EMPT PURPOSE
TO SUPPORT GRASS ROOTS HUMANITARIAN RELIEF EF	FORTS
FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRA	M SERVICÉ ACCOMPLISHMENTS
PROJECT KENYA. SUPPORTING AN ORPHANAGE WITH A	SSISTANCE SO THAT THEY COULD PROVIDE
NUTRITION AND EMOTIONAL DEVELOPMENT FOR HIV O	RPHANS UNDER THEIR CARE. ALSO
SUPPORT TO A COMMUNITY PROJECT THAT WILL BEN	EFIT CHILDREN OF THE KAMPA TRIBE.
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIA	ATED WITH PERSONAL BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, R	ECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BEN	EFIT CONTRACT? NO
(B) DID THE ORGANIZATION, DURING THE YEAR, P.	AY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO
	·
	· · · · · · · · · · · · · · · · · · ·
	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	TEEA4901L 09/09/2013 Schedule O (Form 990 or 990-EZ) 2013

2013	SCHEDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
CLIENT GLOBAL	GLOBAL ROOTS	20-5051527
5/15/14 FORM 990-EZ, PA OTHER EXPENSI	ART I, LINE 16 ES	12:14PN
ADVERTISING AN BOOKSTORE EXPICHICKEN FEED CLOTHING CONTRACT EXPERIES CONTRACT SERVED CONTRACT SUPPLIES CONTREACH SUPPLIES CONTREACH SUPPLIES CONTREACH SUPPLIES CONTREACH SUPPLIES CONTREACH SUPPLIES SECURITY SUPPLIES CONTRAVEL	ND PROMOTION ENSE ICES RAINING XPENSES ES R D SES LIES LUATION ISTRATION INTERNET	100. 1,955. 250. 150. 4,300. 1,730. 1,234. 11,000. 1,735. 1,450. 5,183. 5,044. 11,000. 3,461. 200. 3,322. 1,148. 250. 700. 1,156. 6999. 200. 1,086. 1,530.
FORM 990-EZ, PA	ART II, LINE 24	
MISCELLANEOUS		NG ENDING 70. \$ 5,440. 70. \$ 5,440.
FORM 990-EZ, PA	ART II, LINE 26 ES	
ACCOUNTS PAYA	BLE AND ACCRUED EXPENSES	NG ENDING 34. \$ 34. \$ 34.
		

SSENSON PROPERTY.

-timothersories

2013 **SCHEDULE O - SUPPLEMENTAL INFORMATION** PAGE 3 20-5051527 **GLOBAL ROOTS CLIENT GLOBAL** 12:14PM FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS PROGRAM SERVICE DESCRIPTION GRANTS **EXPENSES** USA CHILDRENS GARDEN 9,160. INCLUDES FOREIGN GRANTS: NO CAMBODIA CHILDREN'S GARDEN 2,849. INCLUDES FOREIGN GRANTS: YES PROJECT GAZA. SUPPORTING PROJECTS THAT HELP NEEDY CHILDREN. CREATING A VEGETABLE GARDEN FOR CHILDREN INCLUDES FOREIGN GRANTS: YES 500. TOTAL \$ 12,509. 0. \$

2013

Oregon Filing Instructions

CLIENT GLOBAL

GLOBAL ROOTS

20-5051527

FORM TO FILE:

Charitable Activities Section

SIGNATURE:

Sign and date page 2.

PAYMENT:

A payment of \$75 should accompany the return.

WHEN TO FILE:

November 15, 2014.

WHERE TO FILE:

Oregon Department of Justice 1515 SW 5th Avenue, Suite 410 Portland, OR 97201-5451 Form

CT-12

For Oregon Charities

Charitable Activities Section Oregon Department of Justice 1515 SW 5th Avenue, Suite 410 Portland, OR 97201-5451 Email: charitable.activities@doj.state.or.us Website: http://www.doj.state.or.us Ormation

VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882

For Accounting Periods Beginning in:.

2013

	ection I. General Informa					
1.					ns and Correct He me or accounting period	
	42336		Registration #	;		
	Global Roots		Organization N	Name:		
	220 2nd Avenue S. Unit #	111	Address:	•		
	Seattle, WA 98104		City, State, Zip):		
	(503) 866-9525		Phone:		Fax:	Amended Report?
	1/1/2013	12/31/2013	Email: Period Beginn	ing:	Period Ending:	
2.	Did a certified public accountant audit accompanying notes, schedules, or ot				nancial statements,	Yes X No
3.	Is the organization a party to a contract Oregon? If yes, write the name of the fund-raisi		<u>-</u>	,	J	Yes X No
4.	Has the organization or any of its offic government agency, such as a state a in any court or administrative agency ryes, attach explanation of each such a	ttorney general, secret egarding charitable so	tary of state, or local distriction, n	t attorney, or been a p	party to legal action	Yes X No
5.	5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.					
6.	Is the organization ceasing operations	and is this the final re	eport? (If yes, see instructio	ns on how to close yo	ur registration.)	Yes X No
7. Provide contact information for the person responsible for retaining the organization's records.						
	Name	Position	Phone	Mail	ing Address & Email Ad	
	Name Richard Montgomery	President/ED	Phone 503 866-9525	Mail	nue S. Unit #1	
8.	Richard Montgomery	President/ED nd Key Employees – Li itional sheets if neces	503 866-9525 ist each person who held on sary. If an attached IRS f	Maill 220 2nd Ave Seattle, WA e of these positions a	nue S. Unit #3 98104 t any time during the yeatially the same compens.	1 1 1
8.	Richard Montgomery List of Officers, Directors, Trustees ar not receive compensation. Attach add the phrase "See IRS Form" may be en	President/ED nd Key Employees – Li itional sheets if neces	503 866-9525 ist each person who held on isary. If an attached IRS fetling that section. (Oregon ytime phone number	Maill 220 2nd Ave Seattle, WA e of these positions a	nue S. Unit #3 98104 t any time during the yeatially the same compens.	ar even if they did ation information, (C) Compensation (enter \$0 if
8.	Richard Montgomery List of Officers, Directors, Trustees ar not receive compensation. Attach add the phrase "See IRS Form" may be en (A) Nam Name: See Form 990-EZ	President/ED nd Key Employees – Li litional sheets if neces tered in lieu of comple e, mailing address, day and email addre	503 866-9525 ist each person who held on isary. If an attached IRS fetling that section. (Oregon ytime phone number	Maili 220 2nd Ave Seattle, WA e of these positions a orm includes substant law requires a minimu	nue S. Unit #1 98104 t any time during the yea itially the same compensum of three directors.) (B) Title & average weekly hours devoted to	ar even if they did ation information, (C) Compensation
8.	Richard Montgomery List of Officers, Directors, Trustees ar not receive compensation. Attach add the phrase "See IRS Form" may be en (A) Nam Name: See Form 990-EZ Address: Phone:	President/ED nd Key Employees – Li litional sheets if neces tered in lieu of comple e, mailing address, day and email addre	503 866-9525 (st each person who held on sary. If an attached IRS feting that section. (Oregon ytime phone number ess	Maili 220 2nd Ave Seattle, WA e of these positions a orm includes substant law requires a minimu	nue S. Unit #1 98104 t any time during the yea itially the same compensum of three directors.) (B) Title & average weekly hours devoted to	ar even if they did ation information, (C) Compensation (enter \$0 if

Form Continued on Reverse Side

Sec	tion II.	Fee Calculation		k			
							"
		nue	9.	130,389.00			,
		current year) on Form 990; Line 9 on Form 990-EZ: Part I, Line 12a on For f the instructions if no federal tax return was prepared. Attach explanation					
10.	Revenue F	ee	·		10.		75 00
	•	elow. Minimum fee is \$10, even if total revenue is a negative amount on Line 9 Revenue Fee	ount.)				75.00
,	\$0 \$25,000	- \$24,999 \$10 - \$49,999 \$25					
	\$50,000 \$100,000	- \$99,999 \$45 - \$249,999 \$75			30000 30000	•.	
	\$250,000 \$500,000	- \$499,999 \$100 - \$749,999 \$135			000		
	\$750,000 \$1,000,000	- \$999,999 \$170 or more \$200					
11.	Net Assets	s or Fund Balances at End of the Reporting Perio	d. 11. 7,880.00				
		2 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, rm 990-PF; or see page 3 of CT-12 instructions to calculate.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
12.	Net Fixed	Assets Used to Conduct Charitable Activities	12. 5 440 00				
,	(Generally, fr	rom Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or in Form 990-PF; or see page 4 of CT-12 instructions to calculate.	9,440.00 mg/s	<u></u>			
10		f organization owns income-producing.)		.]			
13.		ubject to Net Assets or Fund Balances Fee us Line 12. If Line 11 minus Line 12 is less than \$50,000, write		0.00			
14.		s or Fund Balances Fee ,			14.		
15.		ling this report late? Yes No			15.		
		e Activities Section at (971) 673-1880 to obtain late fee amount		additional information of deficient			
16.	Total Amo	unt Due.	· • • • • • • • • • • • • • • • • • • •		16.		75.00
17		0, 14, and 15. Make check payable to the Oregon Department of	•	and attachments that	ove filed	مرسلة والختري	
17.	the except	opy of the organization's federal 990 or other r tion that Form 990 & 990EZ filers do not need 990-N, but had Total Revenue of \$25,000 or m	to attach a copy of their Schedule	 B. Also, if the organization 	on did no	ot file with	the IRS
	organizati	on may be required to complete certain IRS Fo such return as "For Oregon Purposes Only." If	rms for Oregon purposes only. If the	ie attached return was no	ot filed w	ith the IR	S, then
	of its filing		your organization mes into romi eac	7-14 (6-1- Ostcard) please a	macii a t	opy or co	ommation
Plea	Un to	der penalties of perjury, I declare that I have extra best of my knowledge and belief, it is true, or		companying forms, sche	dules, ar	nd attachi	ments, and
Sign	n		correct, and complete.				
Her		Signature of officer	Date	Title			
Paid				1700			
Prep Use	arer's	Preparer's signature	Date	503-22 Phone	22-36	73	
030	Ciny	Lisa A. Joerin	2165 SW Main St	Phone			
	1	Preparer's name	Address Portland, C	R 97205			

1.