

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2001**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning July 1, 2001, and ending June 30, 2002**B Check if applicable**

- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization**Global Impact (formerly International Service Agencies)**

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

66 Canal Center Plaza**310**

City or town, state or country, and ZIP + 4

Alexandria, VA 22314**D Employer identification number****52 1273585****E Telephone number****(703) 548-2200****F Accounting method:** ☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations**H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) If "Yes" enter number of affiliates** ▶ -- --**H(c) Are all affiliates included?** ☐ Yes ☒ No
(If "No" attach a list. See instructions.)**H(d) Is this a separate return filed by an organization covered by a group ruling?** ☐ Yes ☒ No**I Enter 4 digit GEN** ▶**G Web site** ▶ **www.charity.org****J Organization type (check only one)** ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K Check here** ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****M Check** ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12** ▶ **15,442,865****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)**

| | | | | |
|------------|--|----------------|-------------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | | | |
| a | Direct public support | 1a | 230,369 | |
| b | Indirect public support <i>Statement 1</i> | 1b | 14,832,318 | |
| c | Government contributions (grants) | 1c | 0 | |
| d | Total (add lines 1a through 1c) (cash \$ 15,050,308 noncash \$ 12,379) | 1d | 15,062,687 | |
| 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 0 | |
| 3 | Membership dues and assessments | 3 | 0 | |
| 4 | Interest on savings and temporary cash investments | 4 | 59,559 | |
| 5 | Dividends and interest from securities | 5 | | |
| 6a | Gross rents <i>Statement 2</i> | 6a | 40,460 | |
| b | Less: rental expenses <i>Statement 3</i> | 6b | 39,663 | |
| c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | 797 | |
| 7 | Other investment income (describe ▶) | 7 | 0 | |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | 8a | |
| b | Less: cost or other basis and sales expenses | (B) Other | 8b | |
| c | Gain or (loss) (attach schedule) | 8c | | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8d | 0 | |
| 9 | Special events and activities (attach schedule) | | | |
| a | Gross revenue (not including \$ _____ of contributions reported on line 1a) | 9a | | |
| b | Less: direct expenses other than fundraising expenses | 9b | | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | 0 | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | |
| b | Less: cost of goods sold | 10b | | |
| c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | |
| 11 | Other revenue (from Part VII, line 103) | 11 | 280,159 | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | 15,403,202 | |
| 13 | Program services (from line 44, column (B)) | 13 | 13,587,612 | |
| 14 | Management and general (from line 44, column (C)) | 14 | 1,146,325 | |
| 15 | Fundraising (from line 44, column (D)) | 15 | 728,602 | |
| 16 | Payments to affiliates (attach schedule) | 16 | | |
| 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | 15,462,539 | |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | (59,337) | |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 1,385,022 | |
| 20 | Other changes in net assets or fund balances (attach explanation) <i>Statement 4</i> | 20 | (16,209) | |
| 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | 1,309,476 | |

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 11282Y

Form **990** (2001)

SCANNED NOV 13 2002

865

RECEIVED

NOV 13 2002

NOV 13 2002

NOV 13 2002

NOV 13 2002

NOV 13 2002

NOV 13 2002

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|--|---------------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) (cash \$ <u>12,243,093</u> noncash \$ _____) | 22 12,243,093 | 12,243,093 | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 | Compensation of officers, directors, etc. | 25 569,638 | 235,077 | 173,501 | 161,060 |
| 26 | Other salaries and wages | 26 864,753 | 326,330 | 310,319 | 228,104 |
| 27 | Pension plan contributions | 27 481,102 | 161,980 | 163,575 | 155,547 |
| 28 | Other employee benefits | 28 145,738 | 36,314 | 77,133 | 32,291 |
| 29 | Payroll taxes | 29 117,598 | 45,863 | 39,983 | 31,752 |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 19,872 | | 19,872 | |
| 32 | Legal fees | 32 20,854 | 78 | 20,776 | |
| 33 | Supplies | 33 102,848 | 19,102 | 75,779 | 7,967 |
| 34 | Telephone | 34 42,851 | 23,734 | 11,524 | 7,593 |
| 35 | Postage and shipping | 35 22,483 | 20,023 | 1,813 | 647 |
| 36 | Occupancy | 36 149,422 | 98,382 | 33,605 | 17,435 |
| 37 | Equipment rental and maintenance | 37 21,758 | 6,564 | 15,154 | 40 |
| 38 | Printing and publications | 38 59,655 | 55,708 | 3,594 | 353 |
| 39 | Travel | 39 123,206 | 80,347 | 28,175 | 14,684 |
| 40 | Conferences, conventions, and meetings | 40 72,364 | 13,092 | 44,661 | 14,611 |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 49,284 | | 49,284 | |
| 43 | Other expenses not covered above (itemize): a Consul | 43a 111,281 | 46,012 | 41,809 | 23,460 |
| b | Campaign expenses | 43b 208,971 | 175,913 | 0 | 33,058 |
| c | Insurance | 43c 15,074 | | 15,074 | |
| d | Miscellaneous | 43d 20,694 | | 20,694 | |
| e | | 43e | | | |
| 44 | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. | 44 15,462,539 | 13,587,612 | 1,146,325 | 728,602 |

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If Yes, enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24.)What is the organization's primary exempt purpose? ☐ -

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

| | | Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others) |
|---|---|--|
| a | See Statement 1 | |
| | (Grants and allocations \$ 12,243,093) | 13,587,612 |
| b | | |
| | (Grants and allocations \$) | |
| c | | |
| | (Grants and allocations \$) | |
| d | | |
| | (Grants and allocations \$) | |
| e | Other program services (attach schedule) (Grants and allocations \$) | |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 13,587,612 |

Part IV Balance Sheets (See Specific Instructions on page 24)

| Note | | Where required attached schedules and amounts within the description column should be for end-of-year amounts only | | (A) Beginning of year | | (B) End of year |
|---|--|--|------------|--------------------------|------------|--------------------|
| Assets | 45 Cash—non-interest-bearing | | | 200 | 45 | 200 |
| | 46 Savings and temporary cash investments | | | 2,462,017 | 46 | 1,727,692 |
| | 47a Accounts receivable | 47a | 249,597 | | | |
| | b Less allowance for doubtful accounts | 47b | | 69,776 | 47c | 249,597 |
| | 48a Pledges receivable | 48a | 11,531,797 | | | |
| | b Less allowance for doubtful accounts | 48b | 999,890 | 9,761,765 | 48c | 10,531,907 |
| | 49 Grants receivable | | | 0 | 49 | 8,000 |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | | 0 | 50 | 0 |
| | 51a Other notes and loans receivable (attach schedule) | 51a | | | | |
| | b Less allowance for doubtful accounts | 51b | | 0 | 51c | 0 |
| | 52 Inventories for sale or use | | | 0 | 52 | 0 |
| | 53 Prepaid expenses and deferred charges | | | 78,716 | 53 | 151,855 |
| | 54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | | | 447,679 | 54 | 726,768 |
| | 55a Investments—land, buildings, and equipment basis | 55a | | | | |
| | b Less accumulated depreciation (attach schedule) | 55b | | 0 | 55c | 0 |
| 56 Investments—other (attach schedule) | | | 0 | 56 | 0 | |
| 57a Land, buildings, and equipment basis | 57a | 272,632 | | | | |
| b Less accumulated depreciation (attach schedule) <i>Statement 7</i> | 57b | 194,516 | 103,117 | 57c | 78,116 | |
| 58 Other assets (describe <i>▶ See Statement 8</i>) | | | 130,069 | 58 | 1,243,197 | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | | 13,053,339 | 59 | 14,717,332 | |
| Liabilities | 60 Accounts payable and accrued expenses | | | 338,353 | 60 | 535,283 |
| | 61 Grants payable | | | 0 | 61 | 0 |
| | 62 Deferred revenue | | | 71,985 | 62 | 84,427 |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | | 0 | 63 | 0 |
| | 64a Tax-exempt bond liabilities (attach schedule) | | | 0 | 64a | 0 |
| | b Mortgages and other notes payable (attach schedule) | | | 0 | 64b | 976,803 |
| | 65 Other liabilities (describe <i>▶ See Statement 9</i>) | | | 11,257,979 | 65 | 11,811,343 |
| 66 Total liabilities (add lines 60 through 65) | | | 11,668,317 | 66 | 13,407,856 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | | |
| | 67 Unrestricted | | | 1,385,022 | 67 | 1,183,893 |
| | 68 Temporarily restricted | | | 0 | 68 | 125,583 |
| | 69 Permanently restricted | | | 0 | 69 | 0 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | | | |
| | 70 Capital stock, trust principal or current funds | | | | 70 | |
| | 71 Paid-in or capital surplus or land, building, and equipment fund | | | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | | | 1,385,022 | 73 | 1,309,476 |
| | 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | | | 13,053,339 | 74 | 14,717,332 |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A **Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return (See Specific Instructions, page 26)**

| | | | |
|----------|---|----------|------------|
| a | Total revenue gains, and other support per audited financial statements ▶ | a | 3,146,103 |
| b | Amounts included on line a but not on line 12 Form 990 | | |
| | (1) Net unrealized gains on investments \$ (16,209) | | |
| | (2) Donated services and use of facilities \$ 3,000 | | |
| | (3) Recoveries of prior year grants \$ | | |
| | (4) Other (specify) | | |
| | ----- \$ | | |
| | Add amounts on lines (1) through (4) ▶ | b | (13,209) |
| c | Line a minus line b ▶ | c | 3,159,312 |
| d | Amounts included on line 12, Form 990 but not on line a | | |
| | (1) Investment expenses not included on line 6b, Form 990 \$ | | |
| | (2) Other (specify) | | |
| | See Statement 10 | | |
| | ----- \$ 12,243,890 | | |
| | Add amounts on lines (1) and (2) ▶ | d | 12,243,890 |
| e | Total revenue per line 12, Form 990 (line c plus line d) ▶ | e | 15,403,202 |

| | |
|------------------|---|
| Part IV-B | Reconciliation of Expenses per Audited Financial Statements with Expenses per Return |
|------------------|---|

| | | | |
|------------|---|----------|-------------------|
| a | Total expenses and losses per audited financial statements ▶ | a | 3,221,649 |
| b | Amounts included on line a but not on line 17, Form 990 | | |
| (1) | Donated services and use of facilities \$ 3,000 | | |
| (2) | Prior year adjustments reported on line 20, Form 990 \$ | | |
| (3) | Losses reported on line 20, Form 990 \$ | | |
| (4) | Other (specify) \$ | | |
| | Add amounts on lines (1) through (4) ▶ | b | 3,000 |
| c | Line a minus line b ▶ | c | 3,218,649 |
| d | Amounts included on line 17, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b Form 990 \$ | | |
| (2) | Other (specify) See Statement 11 \$ 12,243,890 | | |
| | Add amounts on lines (1) and (2) ▶ | d | 12,243,890 |
| e | Total expenses per line 17 Form 990 (line c plus line d) ▶ | e | 15,462,539 |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|----------------------|--|--|---|--|
| See Statement 12 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **▶** ☐ Yes ☒ No
If "Yes," attach schedule—see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | |
| 81a Enter direct or indirect political expenditures. See line 81 instructions. 81a _____ | | |
| b Did the organization file Form 1120-POL for this year? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b _____ 3,000 | | |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | <input type="checkbox"/> | <input type="checkbox"/> |
| c Dues, assessments, and similar amounts from members 85c _____ | | |
| d Section 162(e) lobbying and political expenditures 85d _____ | | |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e _____ | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f _____ | | |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | <input type="checkbox"/> | <input type="checkbox"/> |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a _____ | | |
| b Gross receipts, included on line 12, for public use of club facilities 86b _____ | | |
| 87 501(c)(12) orgs. Enter a Gross income from members or shareholders 87a _____ | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b _____ | | |
| 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0 | | |
| b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 | | |
| d Enter Amount of tax on line 89c, above, reimbursed by the organization 0 | | |
| 90a List the states with which a copy of this return is filed See Statement 13 | | |
| b Number of employees employed in the pay period that includes March 12, 2001. (See instructions.) 90b _____ 30 | | |
| 91 The books are in care of Stephanie Murphy Telephone no. (703) 548-2200 Located at 66 Canal Center Plaza, Suite 310 Alexandria, VA ZIP + 4 22314 | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 _____ | | |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**Note** Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512 513 or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 59,559 | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | 16 | 797 | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | 03 | 91,461 | |
| a State Reg/Donor Ack | | | | | |
| b PCFO Reimbursement | | | | | 95,000 |
| c Cost Share reimbursement | | | | | 93,698 |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 151,817 | 188,698 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 340,515 |

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---------|--|
| 103b | Reimbursement of costs for expenses incurred in conjunction with acting as Principal Combined Fundraising Organization for the Combined Federal Campaign-Overseas and raising funds for stated campaign |
| 103c | Reimbursement from member agencies for a portion of the campaign advertising conducted by Global Impact |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| None | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Date

11/6/02

ons

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

2001▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Global Impact (formerly International Service Agencies)

Employer identification number

52 1273585**Part I****Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| Je'Tawn McAnelly Alexandria, VA | MIS Director 40 hrs/wk | 66,458 | 18,287 | 0 |
| Veronica Miller Alexandria, VA | VP of Marketing/ 40 hrs/week | 63,903 | 12,977 | 0 |
| Suzanne Froman Alexandria, VA | Asst to the President 40 hrs/wk | 60,486 | 12,832 | 0 |
| Tom DeCoursey Red Hook, NY | Regional Director 40 hrs/wk | 54,600 | 11,907 | 0 |
| Ron Miller Atlanta, GA | Regional Director 40 hrs/wk | 53,045 | 11,662 | 0 |
| Total number of other employees paid over \$50,000 ▶ | 2 | | | |

Part II**Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | |

Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \$2,170 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See **Note** below.)

- 4 Do you have a section 403(b) annuity plan for your employees?

Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments. Statement 14

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| Refer to Statement 5 | 11a & 12 |

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting*

N/A

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|--|--|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | | | | | |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | | | | | |
| 23 Total of lines 15 through 22 | | | | | |
| 24 Line 23 minus line 17 | | | | | |
| 25 Enter 1% of line 23 | | | | | |
| 26 Organizations described on lines 10 or 11 | a Enter 2% of amount in column (e), line 24 ▶ | | | | |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ | | | | | |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ | | | | | |
| d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ | | | | | |
| e Public support (line 26c minus line 26d total) ▶ | | | | | |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ | | | | | |
| 27 Organizations described on line 12 | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____ c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ d Add: Line 27a total _____ and line 27b total _____ ▶ e Public support (line 27c total minus line 27d total) ▶ f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f _____ g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g _____ % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h _____ % | | | | |
| 28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | | | | | |

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | Yes | No |
|--|-----|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No" please explain (If you need more space, attach a separate statement) | | |
| 32 Does the organization maintain the following: | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c Copies of all catalogues, brochures, announcements and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| If you answered "No" to any of the above please explain (If you need more space, attach a separate statement) | | |
| 33 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | | |
| b Admissions policies? | | |
| c Employment of faculty or administrative staff? | | |
| d Scholarships or other financial assistance? | | |
| e Educational policies? | | |
| f Use of facilities? | | |
| g Athletic programs? | | |
| h Other extracurricular activities? | | |
| If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement) | | |
| 34a Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement | | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

 Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|--|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | 0 |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | 2,170 |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | 2,170 |
| 39 | Other exempt purpose expenditures | 39 | 15,499,473 |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | 15,501,643 |
| 41 | Lobbying nontaxable amount Enter the amount from the following table— | | |
| If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 | | | |
| 41 | | | 925,082 |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | 231,270 |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | 0 |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | 0 |

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

| Calendar year (or fiscal year beginning in) ► | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
| 45 Lobbying nontaxable amount | 925,082 | 1,000,000 | 0 | 0 | 1,925,082 |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 2,887,623 |
| 47 Total lobbying expenditures | 2,170 | 1,430 | 0 | 0 | 3,600 |
| 48 Grassroots nontaxable amount | 231,270 | 250,000 | 0 | 0 | 481,270 |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 721,905 |
| 50 Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | 0 |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

| | Yes | No | Amount |
|--|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (include compensation in expenses reported on lines c through h) | | | |
| c Media advertisements | | | |
| d Mailings to members legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines c through h) | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations? _____

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| | Yes | No |
|--------|-----|----|
| 51a(i) | | ✓ |
| a(ii) | | ✓ |
| b(i) | | ✓ |
| b(ii) | | ✓ |
| b(iii) | | ✓ |
| b(iv) | | ✓ |
| b(v) | | ✓ |
| b(vi) | | ✓ |
| c | | ✓ |

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶

☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of organization

Global Impact (formerly International Service Agencies)

Employer identification number

52-1273585

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions)

General Rule—

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules—

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
Global Impact (formerly International Service Agencies)

Employer identification number
52 1273585

Part I Contributors (See Specific Instructions)

| (a) No | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|-----------|----------------------------------|--------------------------------|---|
| <u>1</u> | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | | (c) Aggregate contributions | (d) Type of contribution |
| <u>2</u> | | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | | (c) Aggregate contributions | (d) Type of contribution |
| <u>3</u> | | \$ 8,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | | (c) Aggregate contributions | (d) Type of contribution |
| <u>4</u> | | \$ 10 350 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | | (c) Aggregate contributions | (d) Type of contribution |
| <u>5</u> | | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | | (c) Aggregate contributions | (d) Type of contribution |
| <u>6</u> | | \$ 6,700 | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

Name of organization
Global Impact (formerly International Service Agencies)

Employer identification number
52-1273585

Part I Contributors (See Specific Instructions)

| (a) No | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|-----------|----------------------------------|--------------------------------|---|
| <u>7</u> | | \$ 136,190 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| <u>8</u> | | \$ 22,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

Employer identification number

52 1273585

Part II Noncash Property (See Specific Instructions)

| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|--------------------------|--|--|----------------------|
| <u>4</u> | Affiliated Computer Services 100 Shares | \$ 10,350 | 01 / 22 / 2002 |
| (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 |
| _____ | | \$ | ... / ... / ... |
| (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 |
| _____ | | \$ | ... / ... / ... |

FORM 990

FOOTNOTES

STATEMENT 1

PART I – CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS

Contributions And Pledges In Cash Received Net Of Fund-
Raising Expenditures Deducted By The Individual Campaigns
And Provision For Uncollectibles Were As Follows

| | |
|------------------------------------|----------------|
| | 8,648,634 |
| | 3,001,371 |
| | 753,301 |
| | 1,903,526 |
| | <u>525,486</u> |
| TOTAL TO FORM 990, PART I, LINE 1B | 14,832,318 |

Part III-A Program Service Accomplishments

Workplace fundraising – Founded in 1956, Global Impact (formerly International Service Agencies) is an organization of U S -based agencies dedicated to international health, disaster relief, economic and education issues. In FY 2002, the organization participated in over 700 employee workplace giving campaigns. The money raised from these campaigns was distributed to Global Impact member agencies to support their program services. In FY 2002, Global Impact distributed \$1 million more to its member agencies than in FY 2001. Global Impact's cost-efficient management results in more programs for the poorest people on earth. For fiscal year 2002, Global Impact's overhead was 12.2%.

Our funding contributes to outcomes such as

Improving Health Life expectancy in the developing world is up 33 percent because agencies, such as those Global Impact funds, institute a variety of health programs in vulnerable communities. When children and families are healthy, deadly diseases are reduced or eliminated and our global health improves.

Reducing Hunger The world's chronically undernourished has been reduced by 50 percent over the past 20 years because agencies, such as those Global Impact funds, have programs that teach farming techniques. Eradicating hunger worldwide becomes an attainable goal, when hungry families are taught how to become self-sustaining.

Advancing Literacy Literacy rates have increased by 33 percent and primary school enrollment has tripled over the last 25 years because agencies, such as those Global Impact funds, build schools, train teachers and provide school supplies to poor students. Children who are educated stand a good chance of breaking the cycle of poverty.

Providing Jobs Global Impact agencies have provided millions of jobs through small loan programs. These successful programs, with repayment rates typically around 97 percent, make self-sufficiency possible by helping families start or expand their small business.

Yet we are not finished. If our world were a global village of a thousand people, 800 people would live in substandard housing, 500 would live on less than \$2 a day, 10 would have a college education and 1 would have a computer. To encourage more people to support the fight against poverty in our global village during a time when so much good can be done is a mission Global Impact gladly accepts now and in the years to come.

| | | |
|----------|---------------|-------------|
| FORM 990 | RENTAL INCOME | STATEMENT 2 |
|----------|---------------|-------------|

| <u>KIND AND LOCATION OF PROPERTY</u> | <u>ACTIVITY NUMBER</u> | <u>GROSS RENTAL INCOME</u> |
|---|----------------------------|--------------------------------|
| NON-RESIDENTIAL RENTAL – 66 CANAL CENTER PLAZA, ALEXANDRIA, VA 22314 | 1 | 40,460 |
| TOTAL TO FORM 990, PART I, LINE 6A | | 40,460 |

| | | |
|----------|-----------------|-------------|
| FORM 990 | RENTAL EXPENSES | STATEMENT 3 |
|----------|-----------------|-------------|

| <u>KIND AND LOCATION OF PROPERTY</u> | <u>ACTIVITY NUMBER</u> | <u>GROSS RENTAL EXPENSES</u> |
|---|----------------------------|----------------------------------|
| NON-RESIDENTIAL RENTAL – 66 CANAL CENTER PLAZA, ALEXANDRIA, VA 22314 | 1 | 39,663 |
| TOTAL TO FORM 990, PART I, LINE 6A | | 39,663 |

| | | |
|----------|--|-------------|
| FORM 990 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT 4 |
|----------|--|-------------|

| | |
|------------------------------------|---------------|
| | <u>AMOUNT</u> |
| UNREALIZED LOSS ON INVESTMENTS | 16,209 |
| TOTAL TO FORM 990, PART I, LINE 20 | <u>16,209</u> |

| | | |
|----------|-----------------------------|-------------|
| FORM 990 | CASH GRANTS AND ALLOCATIONS | STATEMENT 5 |
|----------|-----------------------------|-------------|

| <u>Classification</u> | <u>Donee's Name</u> | <u>Donee's Address</u> | <u>Donee's Relationship</u> | <u>Amount</u> |
|-----------------------|---|------------------------|-----------------------------|---------------|
| Agency Allocation | ACCION International | Somerville, MA | Member Agency | 22,844 |
| Agency Allocation | Africa-America Institute | New York, NY | Member Agency | 35,859 |
| Agency Allocation | African Medical and Research Foundation | New York, NY | Member Agency | 131,757 |
| Agency Allocation | Africare | Washington, DC | Member Agency | 192,546 |
| Agency Allocation | American Ireland Fund | Washington, DC | Member Agency | 104,088 |
| Agency Allocation | American Jewish World Service | New York, NY | Member Agency | 65,452 |
| Agency Allocation | American Leprosy Foundation | Rockville, MD | Member Agency | 13,683 |
| Agency Allocation | American Near East Refugee Aid | Washington, DC | Member Agency | 68,619 |
| Agency Allocation | American Refugee Committee | Minneapolis, MN | Member Agency | 29,214 |
| Agency Allocation | AmeriCares | New Canaan, CT | Member Agency | 412,386 |
| Agency Allocation | Boys Scouts of America – OC | Irving, TX | Member Agency | 52,493 |
| Agency Allocation | CARE | Atlanta, GA | Member Agency | 677,606 |
| Agency Allocation | Catholic Relief Services – USCC | Baltimore, MD | Member Agency | 1,914,090 |
| Agency Allocation | Childreach | Warwick, RI | Member Agency | 50,175 |

| <u>Classification</u> | <u>Donee's Name</u> | <u>Donee's Address</u> | <u>Donee's Relationship</u> | <u>Amount</u> |
|-----------------------|--|------------------------|-----------------------------|---------------|
| Agency Allocation | Children International | Kansas City, MO | Member Agency | 80,921 |
| Agency Allocation | Children, Inc | Richmond, VA | Member Agency | 19,351 |
| Agency Allocation | Christian Children's Fund | Richmond, VA | Member Agency | 416,114 |
| Agency Allocation | Christian Reformed World Relief Committee | Grand Rapids, MI | Member Agency | 28,326 |
| Agency Allocation | Church World Service/CROP | Elkhart, IN | Member Agency | 80,594 |
| Agency Allocation | Credit Union Foundation | Madison, WI | Member Agency | 1,199 |
| Agency Allocation | Doctors Without Borders USA | New York, NY | Member Agency | 1,771,012 |
| Agency Allocation | ECHO, Inc | North Fort Myers, FL | Member Agency | 8,658 |
| Agency Allocation | FINCA International | Washington, DC | Member Agency | 42,245 |
| Agency Allocation | Freedom from Hunger | Davis, CA | Member Agency | 43,942 |
| Agency Allocation | Girl Scouts of the USA – Overseas | New York, NY | Member Agency | 16,633 |
| Agency Allocation | Goodwill Global, Inc | Bethesda, MD | Member Agency | 7,575 |
| Agency Allocation | Health Volunteers Overseas | Washington, DC | Member Agency | 14,423 |
| Agency Allocation | Heifer Project International | Westminster, MD | Member Agency | 303,808 |
| Agency Allocation | Helen Keller Worldwide | New York, NY | Member Agency | 28,563 |
| Agency Allocation | International Executive Service Corps | Washington, DC | Member Agency | 29 |
| Agency Allocation | International Eye Foundation | Bethesda, MD | Member Agency | 28,102 |
| Agency Allocation | International Orthodox Christian Charities | Baltimore, MD | Member Agency | 88,215 |
| Agency Allocation | International Relief Teams | San Diego, CA | Member Agency | 71,112 |
| Agency Allocation | International Rescue Committee | New York, NY | Member Agency | 184,938 |

| <u>Classification</u> | <u>Donee's Name</u> | <u>Donee's Address</u> | <u>Donee's Relationship</u> | <u>Amount</u> |
|-----------------------|--|------------------------|-----------------------------|---------------|
| Agency Allocation | International Youth Foundation | Baltimore, MD | Member Agency | 17,395 |
| Agency Allocation | Luthern World Relief | New York, NY | Member Agency | 665,789 |
| Agency Allocation | Mercy Corps International | Portland, OR | Member Agency | 116,180 |
| Agency Allocation | Near East Foundation | New York, NY | Member Agency | 7,522 |
| Agency Allocation | Opportunity International | Oak Brook, IL | Member Agency | 41,343 |
| Agency Allocation | Oxfam America | Boston, MA | Member Agency | 343,463 |
| Agency Allocation | Pan American Development Foundation | Washington, DC | Member Agency | 12,133 |
| Agency Allocation | Pearl S Buck International | Perkasie, PA | Member Agency | 101,582 |
| Agency Allocation | Planned Parenthood – World Population Communications International | New York, NY | Member Agency | 560,994 |
| Agency Allocation | Project HOPE | New York, NY | Member Agency | 241 |
| Agency Allocation | Rotary Foundation of Rotary International | Millwood, VA | Member Agency | 151,176 |
| Agency Allocation | Salvation Army World Service Office | Evanston, IL | Member Agency | 55,193 |
| Agency Allocation | Save the Children | Alexandria, VA | Member Agency | 1,019,767 |
| Agency Allocation | TechnoServe, Inc | Westport, CT | Member Agency | 489,486 |
| Agency Allocation | UNICEF, US Committee | Norwalk, CT | Member Agency | 9,813 |
| Agency Allocation | Unitarian Universalist Service Committee | New York, NY | Member Agency | 660,812 |
| Agency Allocation | United Methodist Committee on Relief | Cambridge, MA | Member Agency | 100,362 |
| Agency Allocation | | New York, NY | Member Agency | 381,644 |

| <u>Classification</u> | <u>Donee's Name</u> | <u>Donee's Address</u> | <u>Donee's Relationship</u> | <u>Amount</u> |
|--|--------------------------|------------------------|-----------------------------|---------------|
| Agency Allocation | United Seamen's Service | New York, NY | Member Agency | 14,228 |
| Agency Allocation | Water For People | Denver, CO | Member Agency | (26) |
| Agency Allocation | World Education | Boston, MA | Member Agency | (3) |
| Agency Allocation | World Relief Corporation | Carol Stream, IL | Member Agency | 72,082 |
| Agency Allocation | World Vision | Federal Way, WA | Member Agency | 415,345 |
| Total included on Form 990, Part II, Line 22 | | | | 12,243,093 |

| | | |
|----------|---------------------------|-------------|
| FORM 990 | NON-GOVERNMENT SECURITIES | STATEMENT 6 |
|----------|---------------------------|-------------|

| <u>Description</u> | <u>Value Method</u> | <u>Total</u> |
|-------------------------|---------------------|---------------|
| Money Market | Market Value | 289,710 |
| Certificates of Deposit | Market Value | 285,797 |
| Mutual Funds | Market Value | 151,261 |
| | | <hr/> 726,768 |

| | | |
|----------|-------------------------------|-------------|
| FORM 990 | LAND, BUILDINGS AND EQUIPMENT | STATEMENT 7 |
|----------|-------------------------------|-------------|

| | <u>Cost Basis</u> | <u>Accumulated Depreciation</u> | <u>Net</u> |
|--|-------------------|---------------------------------|------------|
| Furniture and Equipment | 148,528 | (113,839) | 34,689 |
| Computer Equipment | 116,167 | (74,692) | 41,475 |
| Leasehold Improvements | 7,937 | (5,985) | 1,952 |
| Land, Buildings and Equipment (To Form 990, Line 57c) | 272,632 | (194,516) | 78,116 |

| | | |
|----------|--------------|-------------|
| FORM 990 | OTHER ASSETS | STATEMENT 8 |
|----------|--------------|-------------|

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|---|------------------|
| Travel Advances | 3,700 |
| Due from CFC-Overseas Campaign | <u>1,239,497</u> |
| TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B | <u>1,243,197</u> |

| | | |
|----------|-------------------|-------------|
| FORM 990 | OTHER LIABILITIES | STATEMENT 9 |
|----------|-------------------|-------------|

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|---|-------------------|
| Campaign Funds Payable to Member Agencies | 11,782,501 |
| Capital Lease Obligation | 20,531 |
| Deferred Rent | <u>8,311</u> |
| TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B | <u>11,811,343</u> |

| | | |
|----------|------------------------------------|--------------|
| FORM 990 | OTHER REVENUE INCLUDED ON FORM 990 | STATEMENT 10 |
|----------|------------------------------------|--------------|

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|------------------------------------|-------------------|
| Amounts Raised on Behalf of Others | 12,243,093 |
| Rental Property Income | <u>797</u> |
| TOTAL TO FORM 990, PART IV-A | <u>12,243,890</u> |

| | | |
|----------|-------------------------------------|--------------|
| FORM 990 | OTHER EXPENSES INCLUDED ON FORM 990 | STATEMENT 11 |
|----------|-------------------------------------|--------------|

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|------------------------------------|-------------------|
| Amounts Raised on Behalf of Others | 12,243,093 |
| Rental Property Income | <u>797</u> |
| TOTAL TO FORM 990, PART IV-B | <u>12,243,890</u> |

| | | |
|----------|--|--------------|
| FORM 990 | PART V – LIST OF OFFICERS, DIRECTORS TRUSTEES AND KEY EMPLOYEES | STATEMENT 12 |
|----------|--|--------------|

| <u>Name and Address</u> | <u>Title and Avrg Hrs/Wk</u> | <u>Compensation</u> | <u>Employee Benefit Plan Contribs</u> | <u>Expense Account</u> |
|---|--|---------------------|---|----------------------------|
| Renée Acosta Alexandria, VA | President/Board Member 40 hrs/wk | 222,918 | 319,049* | 0 |
| Stephanie Murphy Alexandria, VA | Vice President 40 hrs/wk | 128,917 | 29,896 | 0 |
| Amy Stanley Alexandria, VA | Vice President 40 hrs/week | 124,053 | 22,825 | 0 |
| Tom Tobin Austin, TX | Vice President 40 hrs/wk | 93,750 | 18,061 | 0 |
| David Zuercher San Francisco, CA | Chairman/Board Member 2 hrs/wk | 0 | 0 | 0 |
| John Beardsley Minneapolis, MN | Vice Chair/Board Member 2 hrs/wk | 0 | 0 | 0 |
| Kenneth Fleishman Bethesda, MD | Treasury/Sec Board Member 2 hrs/wk | 0 | 0 | 0 |
| Albert Brill Baltimore, MD | Board Member 1 hr/wk | 0 | 0 | 0 |
| Karen Johnson Austin, TX | Board Member 1 hr/wk | 0 | 0 | 0 |
| General George Joulwan Arlington, VA | Board Member 1 hr/wk | 0 | 0 | 0 |

| <u>Name and Address</u> | <u>Title and Avrg Hrs/Wk</u> | <u>Compen- sation</u> | <u>Employee Benefit Plan Contribs</u> | <u>Expense Account</u> |
|--|----------------------------------|---------------------------|---|----------------------------|
| Nancy Kelly Washington, DC | Board Member 1 hr/wk | 0 | 0 | 0 |
| Maryon Davies Lewis San Francisco, CA | Board Member 1 hr/wk | 0 | 0 | 0 |
| Steven F Ristow Fairfax, VA | Board Member 1 hr/wk | 0 | 0 | 0 |
| William Underwood Sacramento, CA | Board Member 1 hr/wk | 0 | 0 | 0 |
| Totals Included on Form 990, Part V | | 569,638 | 389,831* | 0 |

* In accordance with the President's contract, a deferred compensation arrangement has been established. This arrangement calls for the equivalent of two months of salary for every year of service to be set aside for future compensation in accordance with the contract. \$285,000 of the benefits column is for this contract liability. The funds will not be paid out until the contract ends in 2009.

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN
PART VI, LINE 90

STATEMENT 13

STATES

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District Of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Minnesota, Missouri, Montana, New Hampshire, New Jersey, New Mexico, Nebraska, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin

FORM 990
SCHEDULE AEXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS
PART III, LINE 4

STATEMENT 14

Global Impact, is a 501(c)3 corporation organized to participate in on-the-job employee solicitations. The members of Global Impact are voluntary health and welfare agencies, which provide services to over 206 million impoverished people worldwide. Global Impact participates in and represents its member agencies in the Combined Federal Campaign, the federal fundraising program soliciting federal civilian and military employees, in state and local government workplace giving campaigns and in private sector workplace giving campaigns. Global Impact and its member organizations are exempt from federal income tax under section 501(c)3 of the Internal Revenue Code. The member organizations for fiscal year ended June 30, 2002 are shown on Statement 5.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Nonprofit Corporation Act have been complied with and accordingly, this ***CERTIFICATE OF AMENDMENT*** is hereby issued to
INTERNATIONAL SERVICE AGENCIES

Name Changed To

GLOBAL IMPACT

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of the **2nd** day of **October, 2002**.

David Clark
DIRECTOR

Elizabeth O. Kim
Administrator
Business Regulation Administration

A handwritten signature in black ink, reading "William L. Ables Jr.", is written over a horizontal line.

William L. Ables Jr
Act Assistant Superintendent of Corporations
Corporations Division

Anthony A. Williams
Mayor

COPY

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
INTERNATIONAL SERVICE AGENCIES**

TO Department of Consumer and Regulatory Affairs
Business Regulation Administration
Corporations Division
941 North Capitol Street, NE
Washington, DC 20002

Pursuant to the provisions of the District of Columbia non-profit Corporation Act, the undersigned adopts the following Articles of Amendment to its Articles of Incorporation

FIRST: The name of the corporation is International Service Agencies

SECOND: The following amendment of the Articles of Incorporation was adopted by the Corporation in the manner prescribed by the District of Columbia Non-profit Corporation Act

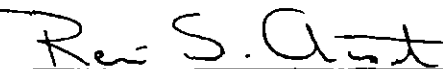
RESOLVED, that the name of the Corporation "International Service Agencies" shall be changed to "Global Impact" This name and a new logo shall be used in official documents and to the public

THIRD: The amendment was adopted in the following manner The amendment was adopted at a meeting of the Board of Directors meeting held on April 25, 2002, and received the vote of a majority of the Directors in office, there being no members having voting rights in respect thereof

Date: September 11, 2002

Global Impact

By.



Its President

ATTEST



Its Secretary