

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GLOBAL LINKS Doing business as		D Employer identification number 52-1629060
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 700 TRUMBULL DRIVE		E Telephone number (412) 361-3424
	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15205		G Gross receipts \$ 7,504,572.
	F Name and address of principal officer: ANGELA J. GARCIA SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: ▶ WWW.GLOBALLINKS.ORG
K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1989 **M State of legal domicile:** PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GLOBAL LINKS IS A NOT-FOR-PROFIT, MEDICAL RELIEF AND DEVELOPMENT ORGANIZATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,102,576.	5,133,022.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,660.	85,792.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,432.	2,277,137.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,347,668.	7,495,951.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,561,380.	4,954,023.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	838,773.	852,701.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 147,640.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	665,381.	705,859.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,065,534.	6,512,583.
19 Revenue less expenses. Subtract line 18 from line 12	282,134.	983,368.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,462,176.	End of Year 7,955,591.
	21 Total liabilities (Part X, line 26)	1,141,955.	1,652,002.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,320,221.	6,303,589.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	ANGELA J. GARCIA, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	RICHARD E. DYNOSKE	RICHARD E. DYNOSKE	08/27/21
	Firm's name ▶ GROSSMAN YANAK & FORD LLP	Firm's EIN ▶ 25-1638525	Check if self-employed <input type="checkbox"/> PTIN P00095538
	Firm's address ▶ THREE GATEWAY CTR STE 1800 PITTSBURGH, PA 15222	Phone no. (412) 338-9300	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: GLOBAL LINKS IS A NOT-FOR-PROFIT, MEDICAL RELIEF AND DEVELOPMENT ORGANIZATION DEDICATED TO SUPPORTING HEALTH IMPROVEMENT INITIATIVES IN RESOURCE-POOR COMMUNITIES AND PROMOTING ENVIRONMENTAL STEWARDSHIP IN THE U.S. HEALTHCARE SYSTEM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,899,184. including grants of \$ 2,547,523.) (Revenue \$) GLOBAL LINKS' INTERNATIONAL PROGRAMS ARE FOCUSED IN LATIN AMERICA AND THE CARIBBEAN: BOLIVIA, CUBA, HONDURAS AND NICARAGUA, AND SUPPORT PUBLIC HEALTH INITIATIVES IN THOSE COUNTRIES THROUGH MEDICAL AID FOR HOSPITALS AND CLINICS WITHIN THE SYSTEM. PUBLIC HEALTH INSTITUTIONS ARE WHERE THE LARGEST AND POOREST SEGMENTS OF THE POPULATION RECEIVE MEDICAL CARE.

THE INTERNATIONAL MEDICAL AID PROGRAM IS DESIGNED AND IMPLEMENTED IN COLLABORATION WITH THE PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION (PAHO/WHO) AND NATIONAL AND LOCAL HEALTH AUTHORITIES. THESE MEDICAL AID PROGRAMS PROVIDE EQUIPMENT, FURNISHINGS AND SUPPLIES TO PUBLIC HEALTHCARE FACILITIES STRUGGLING TO PROVIDE BASIC CARE TO

4b (Code:) (Expenses \$ 3,260,211. including grants of \$ 2,406,499.) (Revenue \$) GLOBAL LINKS' DOMESTIC PROGRAMS IMPROVE HEALTH, INDEPENDENCE AND DIGNITY OF UNINSURED AND UNDERINSURED POPULATIONS; SUPPORT THE ENVIRONMENTAL SUSTAINABILITY EFFORTS OF MORE THAN 30 HOSPITALS AND HEALTH INSTITUTIONS IN THE US, AND PROVIDE MEANINGFUL VOLUNTEER SERVICE OPPORTUNITIES FOR GREATER-PITTSBURGH AREA RESIDENTS.

IN 2020, OUR DOMESTIC MEDICAL AID PROGRAMS IMPROVED THE HEALTH, DIGNITY OR MOBILITY OF OVER 423,000 INDIVIDUALS SERVED BY MORE THAN 1,100 ORGANIZATIONS, PRIMARILY IN WESTERN PA, THAT RECEIVED OVER \$2,694,000 WORTH OF MEDICAL SUPPLIES AND EQUIPMENT, MOBILITY DEVICES, AND PERSONAL PROTECTION EQUIPMENT TO PROTECT AGAINST COVID-19.

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

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

4e Total program service expenses 6,159,395.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
DONALD TINKER - (412) 361-3424
700 TRUMBULL DRIVE, PITTSBURGH, PA 15205

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

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

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

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

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4334928.	4742659.	3869568.	5102576.	5133022.	23182753.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4334928.	4742659.	3869568.	5102576.	5133022.	23182753.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						23182753.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4334928.	4742659.	3869568.	5102576.	5133022.	23182753.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,661.	22,061.	18,257.	19,531.	24,317.	107,827.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						23290580.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	99.54 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.47 %

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

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

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

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

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

GLOBAL LINKS

Employer identification number

52-1629060

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 boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

Name of organization GLOBAL LINKS	Employer identification number 52-1629060
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 249,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 147,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 174,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL LINKS	Employer identification number 52-1629060
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 127,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 153,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL LINKS	Employer identification number 52-1629060
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization GLOBAL LINKS	Employer identification number 52-1629060
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(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	
(a) No. from Part I	(b) Purpose of gift	(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	
(a) No. from Part I	(b) Purpose of gift	(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	
(a) No. from Part I	(b) Purpose of gift	(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	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: GLOBAL LINKS; Employer identification number: 52-1629060

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including fields for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

GLOBAL LINKS

52-1629060

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	DONATIONS OF MEDICAL SUPPLIES ;LISTTOTAL 0 PROGRAM SERVICES ;LISTTOTAL 0	1,886,684.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DONATIONS OF MEDICAL SUPPLIES	367,895.
VARIOUS	0	0	PROGRAM SERVICES	DONATIONS OF MEDICAL SUPPLIES	2,699,444.
3 a Subtotal	0	0			4,954,023.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			4,954,023.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		109,650.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA		0.		69,165.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA		0.		79,153.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		SOUTH AMERICA		0.		109,927.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		185,397.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		71,284.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		127,186.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		52,506.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

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

3 Enter total number of other organizations or entities ▶ _____

SEE PART V FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEAN		0.		82,685.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		55,642.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		63,065.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		142,785.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		175,460.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		146,222.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		200,113.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		59,155.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		64,711.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA OF CARIBBEAN		0.		65,847.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		70,064.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		69,687.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		100,227.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		79,553.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		CENTRAL AMERICA OF CARIBBEAN		0.		75,093.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET
		VARIOUS		0.		2791354.	PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND	SALE OF COMPARABLE PRODUCTS ON THE OPEN MARKET

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3:

SALES OF COMPARABLE PRODUCTS ON THE OPEN MARKET

PART II, COLUMN (H):

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC

Part V Supplemental Information

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

HEALTH SYSTEM

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

(A) REGION:

CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

(A) REGION:

CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

(A) REGION:

CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

(A) REGION:

CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA

Part V Supplemental Information

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

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

(A) REGION:

CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA OF CARIBBEAN CENTRAL AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE

Part V Supplemental Information

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

IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

Part V Supplemental Information

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

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: CENTRAL AMERICA OF CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PROVIDE MATERIALS FOR THE IMPROVEMENT OF PATIENT CARE AND TO BUILD CAPACITY WITHIN THE PUBLIC HEALTH SYSTEM

REGION: VARIOUS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **GLOBAL LINKS** Employer identification number **52-1629060**

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CENTER FOR HEARING & DEAF SERVICES, INC - 1945 FIFTH AVENUE - PITTSBURGH, PA 15219	25-0974324	501(C)(3)	0.	47,534.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
CENTRAL OUTREACH WELLNESS CENTER 127 ANDERSON ST PITTSBURGH, PA 15212	14-1905430	501(C)(3)	0.	13,046.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
CHOSEN INTERNATIONAL MEDICAL ASSISTANCE - 3638 W. 26TH ST - ERIE, PA 16506	25-1451706	501(C)(3)	0.	49,789.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES - 1 SMITHFIELD STREET - PITTSBURGH, PA 15222			0.	523,395.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 N. LINDEN ST - DUQUESNE, PA 15110	25-1420599	501(C)(3)	0.	97,523.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
COMMUNITY FOUNDATION OF WESTMORELAND COUNTY - 41 W OTTERMAN STREET SUITE 520 - GREENSBURG, PA 15601	25-0965466	501(C)(3)	0.	43,250.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITTSBURGH BUREAU OF POLICE 1203 WESTERN AVENUE PITTSBURGH, PA 15233			0.	192,688.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
LATINO COMMUNITY CENTER 212 9TH ST PITTSBURGH, PA 15222	27-1032748	501(C)(3)	0.	8,428.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
TRYING TOGETHER 5604 SOLWAY STREET PITTSBURGH, PA 15217	25-6089906	501(C)(3)	0.	163,316.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
THE EDUCATION PARTNERSHIP 281 CORLISS ST PITTSBURGH, PA 15220	90-0438744	501(C)(3)	0.	251,339.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	THE MATERIAL DONATED TO MEDICAL EQUIPMENT RECYCLING PROGRAM (UPMC) WAS PROVIDED TO IMPROVE
PREVENTION POINT PITTSBURGH 460 MELWOOD AVENUE, SUITE 205 PITTSBURGH, PA 15213	25-1852314	501(C)(3)	0.	39,725.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
UPMC MEDICAL EQUIPMENT RECYCLING PROGRAM - 2200 MEMERIAL DR. - FARRELL, PA 16121	25-1423657	501(C)(3)	0.	14,303.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT
VINTAGE SENIOR SERVICES 401 N HIGHLAND AVE PITTSBURGH, PA 15206			0.	5,525.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PROJECT DESTINY, INC. 2200 CALIFORNIA AVENUE REV. BRENDA PITTSBURGH, PA 15212	26-0091366	501(C)(3)	0.	30,708.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PITTSBURGH DIAPER BANK 201 N BRADDOCK AVENUE PITTSBURGH, PA 15208	35-2461923	501(C)(3)	0.	27,555.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGHENY COUNTY HOUSING AUTHORITY 625 STANWIX STREET, SUITE 12 PITTSBURGH, PA 15222			0.	25,350.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
OPERATION SAFETY NET 930 WATSON STREET PITTSBURGH, PA 15219			0.	24,568.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HUMAN SERVICES CENTER CORPORATION 519 PENN AVENUE TURTLE CREEK, PA 15145	25-1427632	501(C)(3)	0.	20,628.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PITTSBURGH EQUALITY CENTER 5840 ELLSWORTH AVENUE, SUITE 100 PITTSBURGH, PA 15232	25-1469855	501(C)(3)	0.	23,349.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
SCOTT MILLINER COMMUNITY OUTREACH CENTER - 654 ILLINOIS AVENUE - PITTSBURGH, PA 15221	82-1372151	501(C)(3)	0.	17,671.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
THE ACADEMY SCHOOLS 900 AGNEW ROAD PITTSBURGH, PA 15227			0.	16,071.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE STREET PITTSBURGH, PA 15212	25-1715426	501(C)(3)	0.	14,973.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
GOODWILL OF SOUTHWESTERN PA 118 52ND ST PITTSBURGH, PA 15201	25-1098928	501(C)(3)	0.	14,895.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
AIMED 3301 MCCRADY ROAD PITTSBURGH, PA 15235	46-4897306	501(C)(3)	0.	14,552.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER VALLEY COMMUNITY SERVICES, INC - 300 HOLLAND AVENUE - BRADDOCK, PA 15104	27-1078786	501(C)(3)	0.	14,469.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ALLEGHENY COUNTY HEALTH DEPARTMENT 542 FOURTH AVENUE PITTSBURGH, PA 15219			0.	13,915.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
RESOURCES FOR HUMAN DEVELOPMENT 4700 WISSAHICKON ACENUE, SUITE 126 PHILADELPHIA, PA 19144	23-1727133	501(C)(3)	0.	13,167.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
FOR GOOD PGH 910 BRADDOCK AVENUE BRADDOCK, PA 15104	82-0809728	501(C)(3)	0.	12,900.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HOUSING AUTHORITY OF THE CITY OF PITTSBURGH - 200 ROSS STREET - PITTSBURGH, PA 15219			0.	12,675.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
FAMILY RESOURCES 1425 FORBES AVENUE PITTSBURGH, PA 15219	25-0728060	501(C)(3)	0.	12,671.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PROPEL NORTHSIDE COMMUNITY WELLNESS CENTER - 1805 BUENA VISTA STREET - PITTSBURGH, PA 15212			0.	11,755.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH (BCAP) - 3000 BROWNSVILLE ROAD - PITTSBURGH, PA 15227	30-0742370	501(C)(3)	0.	11,576.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
THE CHILDREN'S INSTITUTE OF PITTSBURGH - 1405 SHADY AVENUE - PITTSBURGH, PA 15217	23-2935278	501(C)(3)	0.	11,229.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART II HEART LLC 2121 NOBLESTOWN ROAD SUITE 100 PITTSBURGH, PA 15205			0.	10,833.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
THE PROGRAM FOR OFFENDERS, INC. 564 FORBES AVENUE SUITE 930 PITTSBURGH, PA 15219	25-1296999	501(C)(3)	0.	10,755.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
SCHENLEY HEIGHTS COMMUNITY DEVELOPMENT PROGRAM - 3171 EWART DRIVE - PITTSBURGH, PA 15219	25-1769982	501(C)(3)	0.	10,568.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ALTERNATIVE LIVING CONCEPTS 249 ROOSEVELT AVENUE, SUITE 205 PAWTUCKET, RI 02860	05-0442015	501(C)(3)	0.	10,525.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ALPHA HOUSE, INC. PO BOX 711 BALA CYNWYD, PA 19004	23-2288310	501(C)(3)	0.	10,286.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
TRANSITIONAL SERVICES, INC. 389 ELMWOOD AVENUE BUFFALO, NY 14222	16-0990574	501(C)(3)	0.	10,110.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
THE COMMUNITY AT HOLY FAMILY MANOR 301 NAZARETH WAY PITTSBURGH, PA 15229	84-1658772	501(C)(3)	0.	9,266.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ARC HUMAN SERVICES, INC 111 W PIKE STREET CANONSBURG, PA 15317	25-1663522	501(C)(3)	0.	8,739.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
POWER 309 5TH AVENUE SE OLYMPIA, WA 98501	39-2070376	501(C)(3)	0.	8,634.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINSTAY LIFE SERVICES 200 ROESSLER ROAD PITTSBURGH, PA 15220	25-1215557	501(C)(3)	0.	8,586.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
EAST END COOPERATIVE MINISTRY 6140 STATION STREET PITTSBURGH, PA 15206	23-1722988	501(C)(3)	0.	8,490.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
MERAKEY FOUNDATION 2414 SCHOOL STREET MT. PLEASANT, PA 15666	23-3005583	501(C)(3)	0.	8,400.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HILL DISTRICT CONSENSUS GROUP 1835 CENTRE AVENUE PITTSBURGH, PA 15219	01-0732500	501(C)(3)	0.	8,344.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
MHY FAMILY SERVICES 521 PA-228 MARS, PA 16046	25-1793268	501(C)(3)	0.	8,272.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PRESSLEY RIDGE 5500 CORPORATE DRIVE, SUITE 400 PITTSBURGH, PA 15237	25-0965460	501(C)(3)	0.	8,029.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
FAMILYLINKS 401 N HIGHLAND AVENUE PITTSBURGH, PA 15206	25-1209266	501(C)(3)	0.	8,025.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
LIFE AIN'T SCRIPTED INC. 409 HOWARD STREET EAST PITTSBURGH, PA 15112	45-3778588	501(C)(3)	0.	7,843.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
RANKIN CHRISTIAN CENTER 230 3RD AVENUE RANKIN, PA 15104	20-0114753	501(C)(3)	0.	7,814.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGHENY COUNTY JAIL - DISCHARGE AND RELEASE CENTER - 950 SECOND AVENUE - PITTSBURGH, PA 15219			0.	7,800.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
STO-ROX FAMILY CENTER 710 THOMPSON AVENUE MCKEES ROCKS, PA 15136			0.	7,773.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
WILKINSBURG FAMILY CENTER 807 WALLACE AVENUE, SUITE 205 PITTSBURGH, PA 15221			0.	7,305.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
JEWISH COMMUNITY CENTER OF GREATER PITTSBURGH - 5738 FORBES AVENUE - PITTSBURGH, PA 15217	25-1094514	501(C)(3)	0.	7,286.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HIGHLANDS FAMILY CENTER 415 E 4TH AVENUE #6 TARENTUM, PA 15084			0.	7,270.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ACTION-HOUSING, INC. 611 WILLIAM PENN PLACE #800 PITTSBURGH, PA 15219	25-1629873	501(C)(3)	0.	7,105.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
REFORMED PRESBYTERIAN HOME 2344 PERRYSVILLE AVENUE PITTSBURGH, PA 15214	25-0974327	501(C)(3)	0.	7,000.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
FOCUS ON RENEWAL 420 CHARTIERS AVENUE MCKEES ROCKS, PA 15136	23-7181440	501(C)(3)	0.	6,996.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PA CONNECTING COMMUNITIES 800 N BELL AVENUE, SUITE 200 CARNEGIE, PA 15106	20-1118762	501(C)(3)	0.	6,852.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCKEESPORT AREA SCHOOL DISTRICT 3590 O'NEIL BOULEVARD MCKEESPORT, PA 15132			0.	6,825.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ARMSTRONG CARE, INC. 1400 4TH AVENUE FORD CITY, PA 16226	23-2943784	501(C)(3)	0.	6,685.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
WESTMORELAND COUNTY DEPARTMENT OF PUBLIC SAFETY - 911 PUBLIC SAFETY ROAD - GREENSBURG, PA 15601			0.	6,607.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ADAGIO HEALTH TWO GATEWAY CENTER, 603 STANWIX STR PITTSBURGH, PA 15222	23-7104168	501(C)(3)	0.	6,525.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
NORTHSIDE COMMON MINISTRIES 1601 BRIGHTON ROAD PITTSBURGH, PA 15212	25-1458490	501(C)(3)	0.	6,470.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
FREEDOM NOW HOME CARE 322 NORTH SHORE DRIVE PITTSBURGH, PA 15212			0.	6,120.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PITTSBURGH MERCY HEALTH SYSTEM 1200 REEDSDALE STREET PITTSBURGH, PA 15233	25-1464211	501(C)(3)	0.	5,907.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
CATHOLIC CHARITIES OF THE DIOCESE OF PITTSBURGH - 212 NINTH STREET - PITTSBURGH, PA 15222	25-1326213	501(C)(3)	0.	5,880.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
SQUIRREL HILL HEALTH CENTER 4516 BROWNS HILL ROAD PITTSBURGH, PA 15217			0.	5,875.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DE PAUL - PITTSBURGH 1501 REEDSDALE STREET #3003 PITTSBURGH, PA 15233	25-1549926	501(C)(3)	0.	5,870.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
CREATIVE DIALOGUES 3875 FRANKLINTOWNE COURT, SUITE 220 MURRYSVILLE, PA 15668			0.	5,740.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
DUQUESNE FAMILY CENTER 1 LIBRARY PLACE PITTSBURGH, PA 15233			0.	5,728.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
STEP BY STEP, INC. 275 CURRY HOLLOW ROAD #3 PLEASANT HILLS, PA 15236	23-2053563	501(C)(3)	0.	5,668.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
ADAGIO HEALTH - ALIQUIPPA 99 AUTUMN STREET ALIQUIPPA, PA 15001	23-7104168	501(C)(3)	0.	5,595.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
BAPTIST HOMES SOCIETY 489 CASTLE SHANNON BLVD PITTSBURGH, PA 15234	25-0339430	501(C)(3)	0.	5,526.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HOLY FAMILY INSTITUTE 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202	25-0984606	501(C)(3)	0.	5,427.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
CHARTIERS CENTER 437 RAILROAD STREET BRIDGEVILLE, PA 15017	25-1203882	501(C)(3)	0.	5,367.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
STAR QUALITY ENTERPRISES 2547 PEMBERTON ROAD LAURA, OH 45337			0.	5,328.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PITTSBURGH PARKS AND RECREATION - 414 GRANT STREET - PITTSBURGH, PA 15214			0.	5,232.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
NORTHERN AREA MULTI SERVICE CENTER 209 13TH STREET PITTSBURGH, PA 15215			0.	5,207.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
LINCOLN PARK FAMILY CENTER 7300 RIDGEVIEW AVENUE PITTSBURGH, PA 15235			0.	5,163.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
PITTSBURGH BLACK NURSES IN ACTION (PBNIA) - PO BOX 5544 - PITTSBURGH, PA 15206	25-1609325	501(C)(3)	0.	5,054.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
RESIDENTIAL CARE SERVICES, INC. 2400 ARDMORE BLVD, SUITE 601 PITTSBURGH, PA 15221	25-1444331	501(C)(3)	0.	5,032.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE
HOMEWOOD CHILDREN'S VILLAGE 801 N HOMEWOOD AVENUE PITTSBURGH, PA 15208	27-1885583	501(C)(3)	0.	5,001.	FMV	MEDICAL EQUIPMENT, FURNISHINGS & SUPPLIES	DONATION OF IN-KIND HOMECARE, MOBILITY AND OFFICE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GLOBAL LINKS WILL ONLY DONATE MATERIALS TO U.S. ORGANIZATIONS WITH WHOM IT IS FAMILIAR; THAT IS, WE UNDERSTAND AND APPRECIATE THEIR MISSION AND THEIR APPROACH TO ACCOMPLISHING THAT MISSION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR HEARING & DEAF SERVICES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,

Part IV Supplemental Information

MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL OUTREACH WELLNESS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,

MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT:

CHOSEN INTERNATIONAL MEDICAL ASSISTANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,

MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT:

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,

MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER PITTSBURGH COMMUNITY FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,

MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION OF WESTMORELAND COUNTY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,
MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT: PITTSBURGH BUREAU OF POLICE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,
MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT: LATINO COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,
MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT: TRYING TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,
MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT: THE EDUCATION PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MATERIAL DONATED TO MEDICAL
EQUIPMENT RECYCLING PROGRAM (UPMC) WAS PROVIDED TO IMPROVE HEALTH,
COMMUNITY SERVICES, OR TRAINING PROGRAMS OF A HEALTH-CARE FACILITY,
SOCIAL SERVICE AGENCY OR SCHOOL IN THE UNITED STATES.

NAME OF ORGANIZATION OR GOVERNMENT: PREVENTION POINT PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,
MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE

Part IV Supplemental Information

NONPROFITS

NAME OF ORGANIZATION OR GOVERNMENT:

UPMC MEDICAL EQUIPMENT RECYCLING PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF IN-KIND HOMECARE,
MOBILITY AND OFFICE FURNISHINGS AND EQUIPMENT TO SUPPORT MISSION OF THESE
NONPROFITS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

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

Name of the organization: **GLOBAL LINKS** Employer identification number: **52-1629060**

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

GLOBAL LINKS

Employer identification number

52-1629060

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEDICATED TO IMPROVING HEALTH IN RESOURCE-POOR COMMUNITIES LOCALLY AND
GLOBALLY, AND PROMOTING BETTER ENVIRONMENTAL STEWARDSHIP WITHIN THE
U.S. HEALTHCARE SYSTEM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THEIR PATIENTS. ALMOST ALL OF THE MATERIALS DELIVERED THROUGH THIS
PROGRAM ARE MEDICAL SURPLUS RECOVERED FROM U.S. HOSPITALS AND HEALTH
INSTITUTIONS. WELL-PLANNED AND COORDINATED SHIPMENTS, DELIVERED WITHIN
A FRAMEWORK OF PUBLIC HEALTH INITIATIVES, BUILDS CAPACITY INSIDE THE
PUBLIC HEALTH SYSTEM, AND SUPPORTS EFFORTS TOWARD UNIVERSAL ACCESS TO
HEALTH.

IN 2020, GLOBAL LINKS PROVIDED 23 40-FT TRAILER-LOADS OF MEDICAL
MATERIAL AID TO SUPPORT MORE THAN 55 FACILITIES, THAT INCLUDED
HOSPITALS, CLINICS AND MATERNAL HOMES, IN FIVE COUNTRIES IN THE WESTERN
HEMISPHERE. THE COMBINED VALUE OF THOSE MATERIALS WAS APPROXIMATELY
\$2.3 MILLION. GLOBAL LINKS ALSO PROVIDED COMMERCIAL TENTS TO SERVE AS
OVERFLOW FIELD HOSPITALS AND DOMESTIC VIOLENCE SHELTERS PLUS OVER 1,000
MEDICAL BACKPACKS TO SUPPORT RURAL COMMUNITY HEALTHCARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICAL SURPLUS RECOVERY: EVERY YEAR ACROSS THE UNITED STATES, MILLIONS
OF TONS OF SURPLUS MEDICAL MATERIALS ENTER U.S. LANDFILLS DUE TO
HOSPITAL REGULATIONS, CHANGES IN VENDORS, UPGRADES, OR DOWNSIZING.

GLOBAL LINKS' SURPLUS RECOVERY PROGRAM HELPS U.S. HEALTHCARE FACILITIES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

GLOBAL LINKS

Employer identification number

52-1629060

ASSESS THE CAUSES OF SURPLUS IN THE SYSTEM, REDUCE IT WHEN POSSIBLE, AND PROVIDE A RESPONSIBLE ALTERNATIVE TO DISPOSAL FOR REMAINING SURPLUS. USEFUL MATERIALS ARE RECOVERED, PROCESSED, AND PROVIDED TO INSTITUTIONS SERVING VULNERABLE POPULATIONS BOTH LOCALLY AND AROUND THE WORLD. IN 2020, MORE THAN 175 TONS OF SURPLUS MATERIALS WERE RECOVERED FROM HEALTH FACILITIES IN THE TRI-STATE AREA.

GLOBAL LINKS' VOLUNTEER PROGRAM WAS CLOSED FOR THE MAJORITY OF 2020 DUE TO COVID, BUT GENERALLY OFFERS MORE THAN 3,000 INDIVIDUALS OF ALL ABILITIES AN OPPORTUNITY TO IMPACT GLOBAL HEALTH AND CONVERT SURPLUS INTO LIFE-SAVING AND LIFE-IMPROVING DONATIONS. VOLUNTEERS SORT AND PACK THOUSANDS OF BOXES OF MEDICAL SUPPLIES, INSTRUMENTS, EQUIPMENT AS WELL AS CLEAN AND REPAIR MOBILITY DEVICES, ALL FOR DEPLOYMENT IN UNDERSERVED COMMUNITIES. VOLUNTEERS FROM EVERY WALK OF LIFE PROVIDE OVER 12,000 HOURS OF SERVICE WHILE LEARNING ABOUT ISSUES SURROUNDING GLOBAL HEALTH, INTERNATIONAL AID, ENVIRONMENTAL SUSTAINABILITY, AND POVERTY, HELPING THEM TO BE MORE INFORMED GLOBAL CITIZENS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS MEETS FOUR TIMES PER YEAR. AT THESE MEETINGS, ANY CONFLICTS OF INTEREST ARE DISCUSSED WITH THE DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PERSONNEL COMMITTEE OF THE BOARD EVALUATES THE EXECUTIVE DIRECTOR'S

Name of the organization GLOBAL LINKS	Employer identification number 52-1629060
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PERFORMANCE BASED ON A SELF-EVALUATION AND ON GOALS THAT WERE SET THE PREVIOUS YEAR. THE BOARD THEN REVIEWS THE COMPENSATION AND VOTES ON ANY CHANGE IN COMPENSATION. NO OTHER OFFICERS RECEIVE COMPENSATION. THERE ARE NO KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE O, PART XII, LINE 2C

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. GLOBAL LINKS	Taxpayer identification number (TIN) 52-1629060
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 700 TRUMBULL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15205	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DONALD TINKER

- The books are in the care of ▶ **700 TRUMBULL DRIVE - PITTSBURGH, PA 15205**
Telephone No. ▶ **(412) 361-3424** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.