

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter Social Security numbers on this form as it may be made public.**  
**Information about Form 990 and its instructions is at www.irs.gov/form990.**

**A For the 2013 calendar year, or tax year beginning** , **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**Globus Relief**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1775 West 1500 South**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Salt Lake City UT 84104-3832**

**D** Employer identification number  
**84-1369453**

**E** Telephone number  
**801-977-0444**

**G** Gross receipts\$ **34,601,926**

**F** Name and address of principal officer:  
**Ashley Robinson**  
**1775 West 1500 South**  
**Salt Lake City UT 84104-3832**

**H(a)** Is this a group return for subordinates  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) t (insert no.)  4947(a)(1) or  527

**J** Website: **u http://www.globusrelief.org**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **1996** **M** State of legal domicile: **UT**

**H(c)** Group exemption number **u**

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	See Schedule O	
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	1899
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	39,206,831	29,352,957
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,307,228	5,248,579
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190	390
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,514,249	34,601,926
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	39,781,023
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,219,985	1,324,719
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		95,436	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,484,899	1,737,207
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		42,485,907	82,664,504
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-971,658	-48,062,578
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	60,850,468	12,545,431
	22 Net assets or fund balances. Subtract line 21 from line 20	1,316,368	1,073,642
		59,534,100	11,471,789

**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 \_\_\_\_\_  
**Ashley Robinson** **President**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date Check  if PTIN  
**Justin R. Shaw, CPA CFE** **Justin R. Shaw, CPA CFE** **09/19/14** self-employed **P00081558**

Firm's name } **SHAW & CO., P.C.** Firm's EIN } **46-0952065**  
 Firm's address } **1564 SOUTH 500 WEST SUITE 201**  
**BOUNTIFUL, UT 84010-7400** Phone no. **801-294-3155**

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**See Schedule O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **82,303,814** including grants of \$ **79,602,578** ) (Revenue \$ **3,408,942** )

**The Organization receives contributions of funds, well as medical, health, educational, food, and clothing supplies, and makes charitable contributions of these resources to entities, programs, and causes which promote humanitarian assistance worldwide. The Organization distributes the above supplies to 200 charitable organizations worldwide. Those organizations then distribute the supplies to those in need.**

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

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

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **u 82,303,814**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? If "Yes," complete Schedule L, Part IV	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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, Parts 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u UT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u Rod Stauffer** **1775 West 1500 South**

**Salt Lake City UT 84104 801-977-0444**

**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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kelly N. Farmer Co-Founder	1.00 0.00	X						0	0	0
(2) Robert A. Haltom Trustee	1.00 0.00	X						0	0	0
(3) Dennis Van Leeuwen Trustee	1.00 0.00	X						0	0	0
(4) Daniel Henrie Treasurer	40.00 0.00	X						0	0	0
(5) Brandon Anderson Trustee	1.00 0.00	X						0	0	0
(6) Daniel Driggs Chairman	1.00 0.00	X						0	0	0
(7) Kelly Lee Farmer Trustee	1.00 0.00	X						0	0	0
(8) Kenneth Nielson Trustee	1.00 0.00	X						0	0	0
(9) Ashley Robinson President	40.00 0.00			X				210,000	0	28,743
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b> .....							<b>210,000</b>		<b>28,743</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>210,000</b>		<b>28,743</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		<b>X</b>

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>29,352,957</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>28,887,327</b>				
<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>29,352,957</b>					
<b>Program Service Revenue</b>	<b>2a</b> Handling and processing fees	Busn. Code	<b>3,397,077</b>	<b>3,397,077</b>			
	<b>b</b> Product conversion income		<b>1,839,637</b>		<b>1,839,637</b>		
	<b>c</b> Miscellaneous income		<b>11,865</b>	<b>11,865</b>			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>5,248,579</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>390</b>			<b>390</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		Busn. Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>						
<b>12 Total revenue.</b> See instructions.	<b>u</b>		<b>34,601,926</b>	<b>3,408,942</b>	<b>0</b>	<b>1,840,027</b>	

**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 governments and organizations in the U.S. See Part IV, line 21	75,106,586	75,106,586		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	4,495,992	4,495,992		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	238,743	105,045	54,913	78,785
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	876,120	873,933		2,187
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	116,346	82,435	32,488	1,423
10 Payroll taxes	93,510	82,113	4,606	6,791
11 Fees for services (non-employees):				
a Management				
b Legal	7,273	3,633	3,640	
c Accounting	7,260		7,260	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	189,524	87,403	100,121	2,000
12 Advertising and promotion				
13 Office expenses	54,445	47,661	4,876	1,908
14 Information technology				
15 Royalties				
16 Occupancy	150,305	149,301	1,004	
17 Travel	52,372	26,869	25,423	80
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,994	14,044	788	1,162
23 Insurance	22,539	9,834	12,705	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Product acquisition costs</b>	619,983	619,983		
b <b>Freight/shipping</b>	471,159	470,509	650	
c <b>Service fees</b>	50,112	50,112		
d <b>Bank service charges</b>	43,753	32,639	11,114	
e All other expenses	52,488	45,722	5,666	1,100
25 Total functional expenses. Add lines 1 through 24e	82,664,504	82,303,814	265,254	95,436
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
<b>Assets</b>	<b>1</b> Cash—non-interest bearing .....	<b>149,914</b>	<b>1</b>	<b>172,844</b>
	<b>2</b> Savings and temporary cash investments .....	<b>211,894</b>	<b>2</b>	<b>318,840</b>
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	<b>1,140,577</b>	<b>4</b>	<b>1,114,224</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	<b>59,098,811</b>	<b>8</b>	<b>10,641,494</b>
	<b>9</b> Prepaid expenses and deferred charges .....	<b>29,483</b>	<b>9</b>	<b>52,489</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>563,316</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>516,186</b>	<b>10c</b>	<b>47,130</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>198,410</b>	<b>15</b>	<b>198,410</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>60,850,468</b>	<b>16</b>	<b>12,545,431</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>1,219,193</b>	<b>17</b>	<b>1,073,642</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	<b>97,175</b>	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>1,316,368</b>	<b>26</b>	<b>1,073,642</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	<b>59,522,037</b>	<b>27</b>	<b>11,404,149</b>
	<b>28</b> Temporarily restricted net assets .....	<b>12,063</b>	<b>28</b>	<b>67,640</b>
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	<b>59,534,100</b>	<b>33</b>	<b>11,471,789</b>	
<b>34</b> Total liabilities and net assets/fund balances .....	<b>60,850,468</b>	<b>34</b>	<b>12,545,431</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>34,601,926</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>82,664,504</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-48,062,578</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>59,534,100</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>267</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>11,471,789</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	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 in Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**u Attach to Form 990 or Form 990-EZ.**  
**u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,522,020	82,728,610	104,823,599	39,206,831	65,366,672	330,647,732
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	38,522,020	82,728,610	104,823,599	39,206,831	65,366,672	330,647,732
<b>5</b> 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)						184,327,228
<b>6</b> Public support. Subtract line 5 from line 4.						146,320,504

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	38,522,020	82,728,610	104,823,599	39,206,831	65,366,672	330,647,732
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,802	2,601	834	190	390	8,817
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13,198	8,338	13,667	4,637	11,865	51,705
<b>11 Total support.</b> Add lines 7 through 10						330,708,254
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	13,916,328
<b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	44.24 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	46.68 %
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2013.** 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—2012.** 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 Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Part II, Line 10 - Other Income Detail**

**Miscellaneous Income** \$ **51,705**



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2013**

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

<b>Name of the organization</b>	<b>Employer identification number</b>
<b>Globus Relief</b>	<b>84-1369453</b>

**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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

<b>Name of organization</b> <b>Globus Relief</b>	<b>Employer identification number</b> <b>84-1369453</b>
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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	..... ..... .....	\$ 2,351,036	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 24,982,949	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 1,553,342	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Globus Relief</b>	Employer identification number <b>84-1369453</b>
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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
1	Drugs, medical and humanitarian ..... ..... .....	\$ 2,351,036	.....
2	Drugs, medical, and humanitarian ..... ..... .....	\$ 24,982,949	.....
3	Medical & Humanitarian Supplies ..... ..... .....	\$ 1,553,342	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Globus Relief

84-1369453

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

**Part V Endowment Funds.**

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

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> 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 **u** .....
  - b** Permanent endowment **u** .....
  - c** Temporarily restricted endowment **u** .....
- The percentages in 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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" to 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>407,742</b>	<b>378,050</b>	<b>29,692</b>
<b>e</b> Other .....		<b>155,574</b>	<b>138,136</b>	<b>17,438</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....			<b>u</b>	<b>47,130</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to 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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>34,734,038</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	<b>267</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>131,845</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>132,112</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>34,601,926</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>34,601,926</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>82,796,349</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>131,845</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>131,845</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>82,664,504</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>82,664,504</b>

**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.

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**Part XIII** Supplemental Information (continued)

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Dotted lines for supplemental information.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

u Attach to Form 990. u See separate instructions.

u Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

**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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . .					
<b>b</b> Total from continuation sheets to Part I . . .					
<b>c Totals</b> (add lines 3a and 3b)					

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Africa	Charitable Mission			196,575	Drugs, Medical,	Comp Sales
(2)			South America	Charitable Mission			74,200	Drugs, Medical,	Comp Sales
(3)			East Asia and the Pacific	Charitable Mission			47,315	Drugs, Medical,	Comp Sales
(4)			North America	Charitable Mission			2,480,239	Drugs, Medical,	Comp Sales
(5)			Central America	Charitable Mission			1,043,544	Drugs, Medical,	Comp Sales
(6)			Middle East	Charitable Mission			626,207	Drugs, Medical,	Comp Sales
(7)			Russia and Newly Independent States	Charitable Mission			27,912	Drugs, Medical,	Comp Sales
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **u** 7

3 Enter total number of other organizations or entities ..... **u** 0

**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 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) .....  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 file Form 5713, International Boycott Report (see Instructions for Form 5713) .....  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 - Procedures for Monitoring the Use of Grant Funds**

Upon acceptance of the partnership agreement with the recipient, the recipient agrees that each time Globus Relief provides donated goods, the recipient will (1) send a letter of acknowledgement; and (b) send documentation of the project for which the products were supplied by Globus Relief. The recipient may also furnish other documentation including stores, statistics, and pictures of the project.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

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Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Adopt-A-Native Elder Program P.O. Box 3401 Park City UT 84060	87-0490211	3		13,627	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	American Near East Refugee Aid (AN 1111 K Street NW, #400 Washington DC 20005	52-0882226	3		340,306	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Best Friends Animal Sanctuary 5001 Angel Canyon Rd Kanab UT 84741	23-7147797	3		15,397	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	Cache Valley/Bear Lake Community He 325 West Logan Hwy, Ste 3, P.O. Box Garden City UT 84028	81-0587644	3		53,301	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	Calvary Community Assembly of God C 6425 Bristlebird St North Las Vegas NV 89084	88-0184420	3		5,501	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	Canyons School District 9361 S 300 E Sandy UT 84070	26-3770988	0		10,777	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Catholic Medical Mission Board 10 W 17th Street New York NY 10011	13-5602319	3		16,437,854	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	Charity Anywhere 1162 East 1850 South Bountiful UT 84010	82-0494672	3		10,603	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	Charity Vision dba of Deseret Inter 1282 East Cambridge Court Provo UT 84604	77-0222786	3		423,428	Comp Sales	Drugs, Medical,	Charitable Mission

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 221
- 3 Enter total number of other organizations listed in the line 1 table u 15

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

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Employer identification number

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- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Child Relief International 58 Commonwealth Avenue Boston MA 02116	20-6391910	3		751,457	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	Christian Aid Ministries P.O. Box 360 Berlin OH 44610	34-1344364	3		1,043,641	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	City of Herriman 13011 South Pioneer Street Herriman UT 84096	74-2406060	0		8,384	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	City of Midvale CBC 655 W Center St. Midvale UT 84047	87-6000245	0		6,109	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	Community Animal Welfare Society P.O. Box 160554 Clearfield UT 84016	87-0515959	3		72,654	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	Community Dental Center 130 West 700 South Smithfield UT 84335	71-0892142	3		35,632	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Community Health Center - Health Ed 1797 South West Temple Salt Lake City UT 84115	74-2412898	3		5,311	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	Community Health Centers, Inc. - Ce 461 South 400 East Salt Lake City UT 84115	74-2412898	3		92,736	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	Convoy of Hope 330 South Patterson Avenue Springfield MO 65802	68-0051386	3		3,228,516	Comp Sales	Drugs, Medical,	Charitable Mission

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Name of the organization

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- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Cross Mission Club 6555 Fountain Lane North Highlands CA 95660	59-2484380	3		51,237	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	Cure International 701 Bosler Avenue Lemoyne PA 17043	58-2248383	3		17,893	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Deseret International Foundation 1282 East Cambridge Court Provo UT 84604	77-0222786	3		2,690,150	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	Direct Relief International 27 South La Patera Lane Santa Barbara CA 93117	95-1831116	3		194,594	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	Division of Services for People wit 195 N 1950 W Salt Lake City UT 84116	87-6000545	0		12,513	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	Dixie Applied Technology College 1506 S. Silicon Way St. George UT 84770	20-3212820	3		6,692	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Doctors Volunteer Clinic 1036 E Riverside Dr St. George UT 84790	87-0645898	3		5,185	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	doTERRA Healing Hands Foundation 370 W Center Street Orem UT 84057	27-2840005	3		50,797	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	Eagle Condor Humanitarian 614 East 3900 South Salt Lake City UT 84107	52-4385160	3		378,503	Comp Sales	Drugs, Medical,	Charitable Mission

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

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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

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- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	East Cape Community Urgent Care Cli 8560 Siempre Viva Rd Suite 1 San Diego CA 92154	33-0457858	3		6,489	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	Eyes for Zimbabwe 603 Temple Hill Circle Bountiful UT 84010	77-0222786	3		73,810	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Face To Face 310 S Henry Street Alexandria VA 22314	36-2952891	3		6,944	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	Faith In Practice 7500 Beechnut Street, Ste 208 Houston TX 77074	76-0415986	3		9,025	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	FIVE.12 Foundation 178 South 100 West Alpine UT 84004	27-4719131	3		24,630	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	Foundation of Orthopedics and Compl 523 East 72nd Street, 2nd Floor New York NY 10021	13-4047356	3		81,415	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Foundations of Orthopaedic Associat 250 Cetronia RD, Ste 303 Allentown PA 18104	90-0127433	3		6,417	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	Free Wheelchair Mission 15279 Alton Pkway, Ste 300 Irvine CA 92618	31-1781635	3		426,364	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	Friends For Sight 661 South 200 East SLC UT 84111	87-6126811	3		25,610	Comp Sales	Drugs, Medical,	Charitable Mission

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Schedule I (Form 990) (2013)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Friends of Community - Cats Rescue 1061 West 700 North West Bountiful UT 84087	45-5290594	3		15,256	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	Give to the World P.O. Box 6183 Arlington VA 22206	26-0263111	3		90,792	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Global Assist Network 305 East Walnut Street Springfield MO 65806	20-1580414	3		18,182,444	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	Global Burn Care Reconstructive Ins 3A Beach Dr. Eagles Nest La Conner WA 98257	01-0830402	3		9,836	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	GLOBAL HEALTH MINISTRIES 7831 Hickory Street NE Minneapolis MN 55432	36-3532234	3		39,273	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	Granite School District 2500 S State Street Salt Lake City UT 84115	87-6000494	3		65,548	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Heal the Child Skin Disease Foundat P.O.Box 9335 Salt Lake City UT 84109	46-1250078	3		12,720	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	Hillside Health Care International 1118 Dutch Run Road Nicktown PA 15762	36-4291606	3		5,464	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	Hope Alliance 1775 W 1500 S Salt Lake City UT 84104	87-0641198	3		8,459	Comp Sales	Drugs, Medical,	Charitable Mission

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

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**84-1369453**

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- 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Hope Arising, Inc. 3604 East Leah Court Gilbert AZ 85234	26-1756280	3		7,833	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	Hope Clinic 65 East 6850 South Midvale UT 84047	27-1095505	3		19,719	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Hydrocephalus Foundation of the Phi 4005 Hulman Street Terre Haute IN 47803	48-2884587	3		556,814	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	IASK 1135 N 650 E Orem UT 84097	05-0541240	3		10,431	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	International Surgical Missions 3506 San Jose Ct Pueblo CO 81005	84-0935136	3		22,587	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	International Volunteers in Urology 757 East South Temple, Suite 110 Salt Lake City UT 84102	58-2263983	3		11,727	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Islamic Medical Assc. Of North Amer 101 W 22nd Street, Ste 106 Lombard IL 60148	36-4166125	3		30,320	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	Islamic Relief USA P.O. Box 3459 Santa Monica CA 90408	95-4453134	3		3,518,196	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	Juntos Adelante 2831 Polk Street #2 San Francisco CA 94109	94-3148520	3		12,836	Comp Sales	Drugs, Medical,	Charitable Mission

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2013)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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(1)	Kids World 9952 S 2240 E Sandy UT 84092	20-3624777	3		18,743	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	LDS - Bishop Orders 3990 S. 700 W. Apt 7 SLC UT 84123	23-7300405	3		13,772	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	LDS - Office of Humanitarian Service 5236 S. Greenpine Dr. SLC UT 84123	23-7300405	3		66,901	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	LDS Corporation of the Presiding Bishop 125 North State Street SLC UT 84150	23-7300405	3		51,609	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	LDS Humanitarian Center 1665 South Bennett Rd. Salt Lake City UT 84104	87-0492679	3		180,552	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	Maliheh Free Clinic 415 East 3900 South Salt Lake City UT 84107	20-2313461	3		20,518	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	March of Dimes Birth Defects Foundation 757 East South Temple, Ste 120 Salt Lake City UT 84102	13-1846366	3		13,891	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	Medical Bridges, Inc. 2706 Magnet Street Houston TX 77054	76-0548161	3		125,219	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	Medical Missions Foundation 6405 Metcalf Avenue #510 Overland Park KS 66202	43-7377953	3		11,986	Comp Sales	Drugs, Medical,	Charitable Mission

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Schedule I (Form 990) (2013)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	MedPlus Connect 20625 Shelburne Road Shaker Heights OH 44122	87-0790691	3		25,896	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	Mount Olympus Presbyterian Church 3280 East 3900 South SLC UT 84124	87-0284128	3		6,375	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Mountainland Applied Technology Col 987 South Geneva Rd. Orem UT 84058	41-2126821	3		52,261	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	Mountainlands Community Health Cent 589 S State St Provo UT 84606	87-0515716	3		17,855	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	National Tongan American Society 3007 South West Temple, Unit J, Sui Salt Lake City UT 84115	87-0556679	3		9,287	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	Nepal Cleft & Burn Center 1465 Foothill Dr. Salt Lake City UT 84108	20-4731389	3		58,960	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Nomad Foundation 307 E Ojai Ave #103 Ojai CA 93023	93-0878944	3		22,531	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	Nu Day Syria 4792 Whisper Wood Drive Lehi UT 84043	46-2041995	3		25,121	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	OnSite Care 247 South 500 East SLC UT 84102	20-5772510	3		10,802	Comp Sales	Drugs, Medical,	Charitable Mission

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Operation Smile Foundation 6435 Tidewater Drive Norfolk VA 23509	54-1460147	3		54,489	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	Operation Walk PO Box 71391 Salt Lake city UT 84171	26-0451105	3		14,331	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Partner for Surgery 6904 Melrose Drive McLean VA 22101	54-2034427	3		115,337	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	Philippine Medical Society of North 8145 Enterprise Drive Newark CA 94560	90-0286352	3		6,681	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	ProHealth Rural Health Services, In 1325 West Main St. Franklin TN 37064	62-1779945	3		30,636	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	Project Perfect World 401 N Leonard Blvd Lehigh Acres FL 33971	04-3546835	3		258,481	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Provo Rotary Charitable Foundation 519 East 2600 North Provo UT 84604	20-4362246	3		6,560	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	Rescue Mission of Salt Lake City 463 South 400 West Salt Lake City UT 84171	26-0451105	3		7,252	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	River of Life 4039 E Raymond St. Phoenix AZ 85040	86-0647606	3		114,257	Comp Sales	Drugs, Medical,	Charitable Mission

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Rotaplast International, Inc 1663 Mission Street, Suite 320 San Francisco CA 94103	94-3247677	3		16,786	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	Rotary Club of Hispano Latinos 9355 South 1300 E Sandy UT 84094	32-0277973	3		6,930	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Rotary Club of Salt Lake City LDS Hospital, 8th Ave. and C St. SLC UT 84143	87-0172865	3		5,371	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	Salt Lake County Animal Services 511 West 3900 South Salt Lake City UT 84123	12-1526705	0		15,150	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	Salt Lake Valley Health Department 2001 South State Street, Suite 2400 Salt Lake City UT 84190	87-6000316	0		18,590	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	Shriner's Hospitals for Children 1275 Fairfax Rd. SLC UT 84103	36-2193608	3		8,527	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Sunshine Terrace Foundation 225 North 200 West Logan UT 84321	87-0208619	3		35,944	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	Surgicorps International 3392 Saxonburg Blvd, Ste 400 Glenshaw PA 15116	25-1796465	3		7,912	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	The Resource and Policy Exchange 26 Elm St, Continental Suite Delhi NY 13753	41-2111137	3		11,000	Comp Sales	Drugs, Medical,	Charitable Mission

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	The Stable Place 2877 Cassell Street West Valley City UT 84119	26-4288235	3		6,506	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	The Zahra Charity P.O. Box 1594 200 South 230 West SLC UT 84110	30-0507924	3		47,080	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Tiny Tim's Foundation 1423 West 8120 South West Jordan UT 84088	87-0572647	3		12,933	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	Tooele County Health Department 151 North Main Tooele UT 84074	87-6000317	3		11,295	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	Tooele County School District 92 South Lodestone Way Tooele UT 84074	87-0397602	3		5,086	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	United Muslim Relief 788 Backlick Road Suit 5 Springfield VA 22150	27-3175543			7,292,635	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	University of Nebraska Medical Cent 40th & Holdredge Streets Lincoln NE 68583	20-0306992	3		8,068	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	University of Utah (John A. Moran E 65 Mairo Capecchi Dr Salt Lake City UT 84132	87-6000525	3		11,343	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	Utah Emergency Medical Training Cou 2355 South Technology Dr. West Valley City UT 84119	74-2358572	3		17,649	Comp Sales	Drugs, Medical,	Charitable Mission

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

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

Schedule I (Form 990) (2013)

**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" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Utah Independent Living Center 3445 South Main Street Salt Lake City UT 84115	87-0381510	3		12,557	Comp Sales	Drugs, Medical,	Charitable Mission
(2)	Utah Non Profit Housing Corporation 223 West 700 South, Suite C Salt Lake City UT 84101	87-6164397	3		7,125	Comp Sales	Drugs, Medical,	Charitable Mission
(3)	Utah Partners for Health 8446 S. Harrison Street Midvale UT 84047	27-0021804	3		10,734	Comp Sales	Drugs, Medical,	Charitable Mission
(4)	Utah Valley University 800 West University Pkwy Orem UT 84058	87-0280648	3		43,292	Comp Sales	Drugs, Medical,	Charitable Mission
(5)	Warm Blankets Orphan Care Internati 5105 Tollview Dr, #155 Rolling Meadows IL 60008	36-4395095	3		2,350,215	Comp Sales	Drugs, Medical,	Charitable Mission
(6)	We Are Pals 1345 S. West Hoytsville Rd. Hoytsville UT 84017	46-0579068	3		8,463	Comp Sales	Drugs, Medical,	Charitable Mission
(7)	Wings of Angels Foundation 1552 12th St Douglas AZ 85607	86-0989829	3		5,013	Comp Sales	Drugs, Medical,	Charitable Mission
(8)	World Assist 7695 Concerto Lane San Diego CA 92127	26-1434692	3		5,121,914	Comp Sales	Drugs, Medical,	Charitable Mission
(9)	World Village, Inc 1869 North 2500 West St. George UT 84770	26-0294718	3		7,610	Comp Sales	Drugs, Medical,	Charitable Mission

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

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

Schedule I (Form 990) (2013)



**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" to Form 990, Part IV, line 21 or 22.  
u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>Youth Making a Difference (YMAD)</b> 2176 S 2000 E Salt Lake City UT 84106	20-2427006	3		7,713	Comp Sales	Drugs, Medical,	Charitable Mission
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Upon acceptance of the partnership agreement with the recipient, the recipient agrees that each time Globus Relief provides donated goods, the recipient will (1) send a letter of acknowledgement; and (b) send documentation of the project for which the products were supplied by Globus Relief. The recipient may also furnish other documentation including stores, statistics, and pictures of the project.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
u Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
u Attach to Form 990. u See separate instructions.  
u Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Ashley Robinson 1 President	(i) 150,000 (ii) 0	(i) 60,000 (ii) 0	(i) 0 (ii) 0	28,743 0	0 0	238,743 0	0 0
2	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
3	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
4	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
5	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
6	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
7	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
8	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
9	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
10	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
11	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
12	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
13	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
14	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
15	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....
16	(i) ..... (ii) .....	(i) ..... (ii) .....	(i) ..... (ii) .....	..... .....	..... .....	..... .....	..... .....

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**Part I, Line 7 - Non-Fixed Payments Provided**

Ashley Robinson, President, may receive a discretionary bonus from the annually based on whether or not certain performance measures are considered to have been met. Performance measures considered include the general execution of the organization's mission, financial position, global networking, global branding, and succession planning goals. The actual amount of the bonus will be determined by the board of Trustees, at its full discretion.

**SCHEDULE L  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

**U** Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

**U** Attach to Form 990 or Form 990-EZ. **U** See separate instructions.

**U** Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open To Public Inspection

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... **u** \$ \_\_\_\_\_
- 3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **u** \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

**Total** ..... **u** \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Noncash Contributions**

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**2013**

**Open To Public  
Inspection**

**Globus Relief**

Employer identification number  
**84-1369453**

<b>Part I Types of Property</b>		(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	<b>X</b>	<b>1213</b>	<b>28,887,327</b>	<b>Estimated FMV</b>
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other <b>u</b> ( )				
26	Other <b>u</b> ( )				
27	Other <b>u</b> ( )				
28	Other <b>u</b> ( )				

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

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





**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.

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u Attach to Form 990 or 990-EZ.

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

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453****Form 990 - Organization's Mission**

The Organization's vision is to continually work to improve healthcare. Efforts are marked by upgrading medical facilities, supplies and standards of delivery across the world. The Organization is a medical resource humanitarian organization, committed to partnering with other charities, corporations and governments working to improve the delivery of healthcare across the world. The Organization accomplishes the improvement of health care through the following five key deliverables: Assessment, Consulting, Acquiring, Packaging and Distributing (APD), Providing Bio-Tech Solutions, Training. The Organization reduces unnecessary duplication of efforts among our partners and work to produce a synergistic environment that magnifies effort and social impact.

**Form 990, Part VI, Line 2 - Related Party Information Among Officers****Kelly Lee Farmer****Kelly N. Farmer****Trustee****Trustee****Family Relationship****Daniel Henrie****National Product Sales****Trustee****Business Relationship****Form 990, Part VI, Line 7a - Election of Members and Their Rights**

The members primary responsibility is to approve the trustees that sit on the board of directors on an annual basis.

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Globus Relief

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Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members  
Members approve potential trustees and trustees for the upcoming year and have the primary responsibility of protecting the mission of Globus Relief.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990  
The 990 is reviewed by the organization's controller. He compares figures presented to the audited financial statements and accounting records maintained by the organization.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
Each trustee is required to read and sign the conflict of interest policy. At the first of each year when we renew trustee terms we go through the process of reviewing the conflict of interest policy and once each trustee is in agreement with the terms, they are renewed as a trustee for another year.

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
The President/CEO's compensation package is set by the Board of Trustees. There is an executive committee that does due diligence on executive compensation packages in the philanthropic world from which they make a recommendation to the Board of Trustees. Based on that recommendation the Board of Trustees votes on the President/CEO's compensation package.

Form 990, Part VI, Line 15b - Compensation Process for Officers  
As for all other employees, their compensation is based according to a report that is provided by the Utah Nonprofit Association on salary and

Name of the organization

**Globus Relief**

Employer identification number

**84-1369453**

compensation offered in Utah's philanthropic community. The President and Executive Committee of the Board looks at the mean salary of what is offered and do a comparison with what is offered in Corporate America. Based on this information salary and any other compensation is determined along with a standard cost of living increase on a yearly basis.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
Governing documents are made available to the public upon written request to the Organization's business office.