

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2010 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 country, and ZIP + 4  
**SALT LAKE CITY UT 84104-3832**

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

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

**G Gross receipts\$** **85,101,156**

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

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

**J Website:** **HTTP://WWW.GLOBUSRELIEF.ORG**

**H(c) Group exemption number** ▶

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

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>3</b>	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>35</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6374</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>38,522,020</b>	Current Year <b>82,728,610</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,213,643</b>	<b>2,369,945</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,802</b>	<b>2,601</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>-8,947</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>40,740,465</b>	<b>85,092,209</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>39,336,416</b>	<b>64,698,049</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,153,333</b>	<b>1,208,733</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>122,877</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>871,663</b>	<b>1,031,658</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>41,361,412</b>	<b>66,938,440</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-620,947</b>	<b>18,153,769</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>11,826,971</b>	End of Year <b>29,562,399</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>548,491</b>	<b>130,150</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>11,278,480</b>	<b>29,432,249</b>

**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: **ASHLEY ROBINSON** Date: **PRESIDENT**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **JUSTIN R. SHAW, CPA CFE** Preparer's signature: **JUSTIN R. SHAW, CPA CFE** Date: **06/23/11** Check  if self-employed PTIN: **P00081558**

Firm's name ▶ **SHAW MUMFORD & CO., P.C.** Firm's EIN ▶ **84-1420542**

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 to any question 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **66,545,085** including grants of \$ **64,698,049** ) (Revenue \$ )

**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** ▶ **66,545,085**

**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 where 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; 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 term, permanent, 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, XII, and XIII	<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, XII, and XIII 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, and program service activities outside the United States? 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 hospitals? If "Yes," complete Schedule H		<b>X</b>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....		<b>X</b>
<b>23</b> 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 .....	<b>X</b>	
<b>24a</b> 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 25 .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a 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 .....		<b>X</b>
<b>b</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 .....		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....	<b>X</b>	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		<b>X</b>
<b>c</b> 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 .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....		<b>X</b>
<b>33</b> 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 .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> 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 .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36 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 .....		<b>X</b>
<b>37</b> 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 .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question 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>1a</b>	<b>1</b>		
<b>1b</b>	<b>0</b>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>1c</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>2a</b>	<b>35</b>		
<b>b</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>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3a</b>			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<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>4a</b>			
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>4b</b>			
<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>5a</b>			
<b>b</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>5b</b>			
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>5c</b>			
<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?		<b>X</b>
<b>6a</b>			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</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>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</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>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>7h</b>			
<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>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<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>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</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>13a</b>	
<b>b</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>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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 to any question 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		
<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?	<input checked="" type="checkbox"/>	
<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?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<input checked="" type="checkbox"/>	
<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?	<input checked="" type="checkbox"/>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<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		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</b>	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
<b>13</b>	Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b>	Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>15b</b>	b Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
<b>15c</b>	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<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?		<input checked="" type="checkbox"/>
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **▶ UT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ 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 to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) <b>KELLY N. FARMER</b> CO-FOUNDER	1.00	X					0	0	0	
(2) <b>ROBERT A. HALTOM</b> TRUSTEE	1.00	X					0	0	0	
(3) <b>DENNIS VAN LEEUWEN</b> TRUSTEE	1.00	X					0	0	0	
(4) <b>DANIEL HENRIE</b> TREASURER	1.00	X					0	0	0	
(5) <b>BRANDON ANDERSON</b> TRUSTEE	1.00	X					0	0	0	
(6) <b>DAN DRIGGS</b> CHAIRMAN	1.00	X					0	0	0	
(7) <b>KELLY LEE FARMER</b> TRUSTEE	1.00	X					0	0	0	
(8) <b>LESTER ESSIG</b> SECRETARY	1.00	X					0	0	0	
(9) <b>KENNETH NIELSON</b> TRUSTEE	1.00	X					0	0	0	
(10) <b>ASHLEY ROBINSON</b> PRESIDENT	40.00			X			161,000	0	16,690	
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							<b>161,000</b>		<b>16,690</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>161,000</b>		<b>16,690</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 **1**

	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.

(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 in compensation from the organization **0**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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>30,949</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>82,697,661</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>82,582,827</b>				
	<b>h Total.</b> Add lines 1a-1f		<b>82,728,610</b>				
<b>Program Service Revenue</b>	<b>2a</b> HANDLING AND PROCESSING FEES	Busn. Code	<b>1,623,525</b>	<b>1,623,525</b>			
	<b>b</b> PRODUCT CONVERSION INCOME		<b>738,082</b>			<b>738,082</b>	
	<b>c</b> MISCELLANEOUS INCOME		<b>8,338</b>	<b>8,338</b>			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		<b>2,369,945</b>				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>2,601</b>			<b>2,601</b>
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<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>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>8a</b> Gross income from fundraising events (not including \$ <b>30,949</b> of contributions reported on line 1c). See Part IV, line 18		<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>	<b>8,947</b>			
	<b>c</b> Net income or (loss) from fundraising events		<b>-8,947</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>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						
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>12 Total revenue.</b> See instructions.		<b>85,092,209</b>	<b>1,631,863</b>	<b>0</b>	<b>740,683</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) but are not required to complete columns (B), (C), and (D).

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	55,788,137	55,788,137		
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	8,909,912	8,909,912		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	177,690	146,804	14,800	16,086
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	851,009	703,084	70,882	77,043
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	107,073	88,462	8,918	9,693
10 Payroll taxes	72,961	60,279	6,077	6,605
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	20,197		20,197	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other	50,000	11,899	37,468	633
12 Advertising and promotion	32,724	32,724		
13 Office expenses	38,671	27,366	6,215	5,090
14 Information technology				
15 Royalties				
16 Occupancy	138,239	138,239		
17 Travel	18,198	11,198	7,000	
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	44,634	36,877	3,718	4,039
23 Insurance	29,281	2,495	26,786	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>PRODUCT ACQUISITION COSTS</b>	280,539	280,539		
b <b>FREIGHT/SHIPPING</b>	217,024	215,439	605	980
c <b>CONTRACT SERVICES</b>	63,192	15,039	47,354	799
d <b>SPECIAL PROJECTS EXPENSES</b>	47,530	47,530		
e <b>BANK SERVICE CHARGES</b>	24,545	12,913	11,632	
f All other expenses	26,884	16,149	8,826	1,909
25 Total functional expenses. Add lines 1 through 24f	66,938,440	66,545,085	270,478	122,877
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	80,164	1	34,770
	2	Savings and temporary cash investments	1,025,549	2	403,110
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	60,855	4	148,358
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	10,384,968	8	28,795,877
	9	Prepaid expenses and deferred charges	96,821	9	35,550
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 505,357		
	b	Less: accumulated depreciation	10b 440,297	10c	65,060
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	71,464	15	79,674
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,826,971	16	29,562,399	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	548,491	17	130,150
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	548,491	26	130,150
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	11,256,797	27	29,409,347
	28	Temporarily restricted net assets	21,683	28	22,902
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	11,278,480	33	29,432,249
34	<b>Total liabilities and net assets/fund balances</b>	11,826,971	34	29,562,399	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>85,092,209</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>66,938,440</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>18,153,769</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>11,278,480</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	<b>29,432,249</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	<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>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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>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>b</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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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 X 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—Other
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?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

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

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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 support. Rows (A) through (E) and Total.

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

Schedule A (Form 990 or 990-EZ) 2010

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,771,919	23,786,708	34,154,083	38,522,020	82,561,835	204,796,565
<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	25,771,919	23,786,708	34,154,083	38,522,020	82,561,835	204,796,565
<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)						76,534,253
<b>6 Public support.</b> Subtract line 5 from line 4						128,262,312

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	25,771,919	23,786,708	34,154,083	38,522,020	82,561,835	204,796,565
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,620	22,956	11,482	4,802	2,601	57,461
<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.)				2,213,643	2,369,945	4,583,588
<b>11 Total support.</b> Add lines 7 through 10						209,437,614
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,631,863

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

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	61.24%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	79.65%

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.)						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2010.** 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—2009.** 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.** Complete this part to 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**

**PRODUCT CONVERSION INCOME** \$ **1,284,694**

**HANDLING AND PROCESSING FEES** \$ **3,277,358**

**MISCELLANEOUS INCOME** \$ **21,536**



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

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

# 2010

<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 1/3% 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, aggregate 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 aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** 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 line 2 of its Form 990-PF, 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) (2010)**

Name of organization <b>GLOBUS RELIEF</b>	Employer identification number <b>84-1369453</b>
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	..... ..... .....	\$ 57,821,572	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>GLOBUS RELIEF</b>	Employer identification number <b>84-1369453</b>
--	---

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<b>1</b>	<b>HUMANITARIAN SUPPLIES</b> ..... ..... .....	\$ <b>57,821,572</b>	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes questions 1-8 regarding 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: Question, Amount. Includes questions 1a, 1b, and 2 regarding collections of art and historical treasures.

**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 XIV.

**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 XIV 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 XIV.

**Part V Endowment Funds. Complete if 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 year end balance held as:

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

**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 XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(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>373,321</b>	<b>331,972</b>	<b>41,349</b>
<b>e</b> Other .....		<b>132,036</b>	<b>108,325</b>	<b>23,711</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....				<b>65,060</b>

**Part VII Investments—Other Securities.** 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)		
(I)		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,092,209
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	66,938,440
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	18,153,769
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	18,153,769

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	85,233,001
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	131,845
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	8,947
e	Add lines 2a through 2d	2e	140,792
3	Subtract line 2e from line 1	3	85,092,209
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	85,092,209

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	67,079,232
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	131,845
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	8,947
e	Add lines 2a through 2d	2e	140,792
3	Subtract line 2e from line 1	3	66,938,440
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	66,938,440

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER**

SPECIAL EVENTS EXPENSES	\$	8,947
SPECIAL EVENTS EXPENSES	\$	-8,947

**PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

SPECIAL EVENTS EXPENSES	\$	8,947
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**Part XIV Supplemental Information** (continued)

**PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**SPECIAL EVENTS EXPENSES** **\$ 8,947**



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

**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" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds 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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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)			SOUTH ASIA	CHARITABLE MISSION			241,423	HUMANITARIAN	COMP SALES
(2)			SUB-SAHARAN AFRICA	CHARITABLE MISSION			30,766	HUMANITARIAN	COMP SALES
(3)			SOUTH AMERICA	CHARITABLE MISSION			1,207,292	HUMANITARIAN	COMP SALES
(4)			NORTH AMERICA	CHARITABLE MISSION			2,998,727	HUMANITARIAN	COMP SALES
(5)			CENTRAL AMERICA	CHARITABLE MISSION			4,431,704	HUMANITARIAN	COMP SALES
(6)									
(7)									
(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

3 Enter total number of other organizations or entities

**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, 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**

Complete this part to provide the information required in Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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).

A large area of horizontal dotted lines for providing supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open To Public Inspection

Name of the organization

**GLOBUS RELIEF**

Employer identification number

**84-1369453**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Charitable contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses). Totals: 30,949 for revenue and 8,947 for direct expenses, resulting in a net income of -8,947.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses). Includes a section for volunteer labor with Yes/No checkboxes and percentages.

9 Enter the state(s) in which the organization operates gaming activities:
a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No
b If "Yes," explain:

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility ..... | <b>13a</b> | % |
| <b>b</b> An outside facility .....         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer     Employee     Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**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.

▶ Attach to Form 990.

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. Check this box if no one recipient 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>4 THE SOLUTION</b> 5117 SOUTH 4950 WEST HOOPER UT 84315	87-0569356	3		13,612	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	<b>ADOPT-A-NATIVE ELDER PROGRAM</b> P.O. BOX 3401 PARK CITY UT 84060	87-0490211	3		19,713	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	<b>ALLIANCE FOR SMILES</b> 2565 THIRD STREET, STE 237 SAN FRANCISCO CA 94107	80-0119414	3		8,121	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	<b>AMERICAN NEAR EAST REFUGEE AID (AN</b> 1111 K STREET NW, #400 WASHINGTON DC 20005	52-0882226	3		2,191,525	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	<b>BEEHIVE INTERNATIONAL</b> 1011 WEST MERMOD CARLSBAD NM 88220	85-0325904	3		45,200	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	<b>BEMES, INC.</b> 800 SUN PARK DRIVE FENTON MO 63026	43-1115526			70,000	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	<b>BOUNTIFUL COMMUNITY FOOD PANTRY</b> 480 EAST 150 NORTH BOUNTIFUL UT 84010-3501	84-1628459	3		59,930	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	<b>BRIDGING THE DIVIDE</b> 60 LAKE ST., STE 2 A BURLINGTON VT 05401	27-0262982	3		7,736,436	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	<b>CACHE VALLEY/BEAR LAKE COMMUNITY</b> 325 WEST LOGAN HWY, STE 3, P.O. BOX GARDEN CITY UT 84028	81-0587644	3		20,212	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

- 2 Enter total number of section 501(c)(3) and government organizations
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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**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.

▶ Attach to Form 990.

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. Check this box if no one recipient 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)	CHARITY ANYWHERE 1162 EAST 1850 SOUTH BOUNTIFUL UT 84010	82-0494672	3		45,131	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	CHRISTIAN AID MINISTRIES P.O. BOX 360 BERLIN OH 44610	34-1344364	3		4,097,451	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	CIRCLE OF LOVE 8772 HIDDEN OAK SALT LAKE CITY UT 84121	91-1870057	3		6,464	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	COMMUNITY ANIMAL WELFARE SOCIETY P.O. BOX 160554 CLEARFIELD UT 84016	87-0515959	3		17,989	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	COMMUNITY DENTAL CENTER 130 WEST 700 SOUTH SMITHFIELD UT 84335	71-0892142	3		22,490	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	COMMUNITY HEALTH CENTER - CENTRAL C 461 SOUTH 400 EAST SALT LAKE CITY UT 84115	74-2412898	3		11,875	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	CONVOY OF HOPE 330 SOUTH PATTERSON AVENUE SPRINGFIELD MO 65802	68-0051386	3		69,300	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	CROSS MISSION CLUB 6555 FOUNTAIN LANE NORTH HIGHLANDS CA 95660	59-2484380	3		53,285	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	CURE INTERNATIONAL 701 BOSLER AVENUE LEMOYNE PA 17043	58-2248383	3		69,252	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

- 2 Enter total number of section 501(c)(3) and government organizations
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**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010****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.

▶ Attach to Form 990.

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. Check this box if no one recipient 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)	DELTA HEALTH CENTER, INC. (DHC) 702 MARTIN LUTHER KING ROAD MOUND BAYOU MS 38762	64-0443928	3		8,081	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	DESERET INTERNATIONAL FOUNDATION 1282 EAST CAMBRIDGE COURT PROVO UT 84604	77-0222786	3		17,293,153	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	DIRECT RELIEF INTERNATIONAL 27 SOUTH LA PATERA LANE SANTA BARBARA CA 93117	95-1831116	3		3,189,202	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	EAST BIRCH CREEK ORGANIZATION 529 WEST 300 SOUTH OREM UT 84058	94-2941953	3		12,001	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	EOAF 391 JACKLIN ROAD MILPITAS CA 95035	32-0084828	3		41,296	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	FAITH IN PRACTICE 7500 BEECHNUT STREET, STE 208 HOUSTON TX 77074	76-0415986	3		19,639	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	FAMILY DENTAL PLAN 3195 SOUTH MAIN STREET SALT LAKE CITY UT 84115	87-6000545	3		13,050	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	FIREFIGHTER'S CHARITABLE FOUNDATION 92 BEACH STREET, SUITE 100 WESTERLY RI 02891	65-0258322	3		5,502	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	FOREMOST EQUIPMENT 320 NORTH WASHINGTON STREET ROCHESTER NY 14625	03-0433412			9,000	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**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.

▶ Attach to Form 990.

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. Check this box if no one recipient 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)	FOUNDATION OF ORTHOPEDICS AND COMPL 523 EAST 72ND STREET, 2ND FLOOR NEW YORK NY 10021	13-4047356	3		17,809	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	FRIENDS OF HAITI, INC. P.O. BOX 1174 GREEN BAY WI 54305-1174	26-0076873	3		15,568	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	GLOBAL MEDICAL BRIGADES 8223 SW WINDERLAND COURT DURHAM OR 97224	37-1551109	3		28,949	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	GOOD SHEPHERD LUTHERAN CHURCH 8575 SOUTH 700 EAST SANDY UT 84070	83-0254651	3		7,541	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	GRANITE SCHOOL DISTRICT GTI- DENTAL 2500 SOUTH STATE STREET SALT LAKE CITY UT 84115	87-6000494	3		41,613	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	GRANITE SCHOOL NURSE SERVICES 382 EAST 3605 SOUTH SALT LAKE CITY UT 84115	87-6000494	3		5,039	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	GREEN PASTURES MINISTRIES P.O. BOX 575 NEWPORT TN 37822	91-2147777	3		68,165	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	HART INTERNATIONAL 385 WEST 600 NORTH LINDON UT 84042	20-1136035	3		42,227	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	HARVEST FOOD AND OUTREACH CENTER 2520 ORANGE AVENUE FT. PIERCE FL 34947	11-3697936	3		504,462	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

- 2 Enter total number of section 501(c)(3) and government organizations
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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

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(1)	HEALING HANDS FOR HAITI P.O. BOX 521800 SALT LAKE CITY UT 84152-1800	04-3486458	3		6,630	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	HEALING THE CHILDREN-SOUTHWEST CHAP 4509 PALMYRA N.W. ALBUQUERQUE NM 87114	20-2976373	3		7,552	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	HEALTH CLINICS OF UTAH - PROVO 2121 SOUTH 230 EAST SALT LAKE CITY UT 84115	87-6000545	3		5,467	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	HOPE ALLIANCE 1775 W 1500 S SALT LAKE CITY UT 84104	87-0641198	3		50,183	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	HOPE CLINIC 65 EAST 6850 SOUTH MIDVALE UT 84047	27-1095505	3		12,066	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	HUNGER PLUS P.O. BOX 337 PLAINVIEW TX 79073	75-2921279	3		152,400	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	INDIAN WALK IN CLINIC 1800 SOUTH WEST TEMPLE, #407 SALT LAKE CITY UT 84115	87-0392380	3		5,211	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	INTERNATIONAL HOSPITAL FOR CHILDREN P.O. BOX 741951 NEW ORLEANS LA 70174	72-0927746	3		9,847	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	INTERNATIONAL VOLUNTEERS IN UROLOGY 757 EAST SOUTH TEMPLE, SUITE 110 SALT LAKE CITY UT 84102	58-2263983	3		6,338	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

- 2 Enter total number of section 501(c)(3) and government organizations
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**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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▶ Attach to Form 990.

OMB No. 1545-0047

**2010****Open to Public  
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Name of the organization

**GLOBUS RELIEF**

Employer identification number

**84-1369453****Part I General Information on Grants and Assistance**

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(1)	JUNTOS ADELANTE 2831 POLK STREET #2 SAN FRANCISCO CA 94109	94-3148520	3		6,835	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	LDS HUMANITARIAN CENTER 1665 SOUTH BENNETT RD. SALT LAKE CITY UT 84104	87-0492679	3		2,710,915	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	LOTUS VICTORY FOUNDATION, INC. 2133 81ST STREET BROOKLYN NY 11214	20-3743539	3		405,009	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY UT 84107	20-2313461	3		66,060	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	MARCH OF DIMES BIRTH DEFECTS FOUNDA 757 EAST SOUTH TEMPLE, STE 120 SALT LAKE CITY UT 84102	13-1846366	3		28,585	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	MEDPLUS CONNECT 20625 SHELBURNE ROAD SHAKER HEIGHTS OH 44122	87-0790691	3		6,914	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	MERCY FOUNDATION 1400 N. RITTER AVENUE, SUITE 510 INDIANAPOLIS IN 46219	13-4252384	3		18,101	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	MONET MEDICAL 255 WEST CENTRAL AVENUE SALT LAKE CITY UT 84107	87-0660756			62,270	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	MOTHERS WITHOUT BORDERS 519 EAST 2600 NORTH PROVO UT 84604	84-1550819	3		33,402	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047

**2010****Open to Public  
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Name of the organization

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**84-1369453****Part I General Information on Grants and Assistance**

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(1)	MOUNTAINLAND APPLIED TECHNOLOGY COL 987 SOUTH GENEVA RD. OREM UT 84058	41-2126821	3		140,453	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	NATIONAL PRODUCT SALES 1600 EMPIRE ROAD SALT LAKE CITY UT 84104	87-0281387			8,000	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	NATIONAL TONGAN AMERICAN SOCIETY 3007 SOUTH WEST TEMPLE, UNIT J, SUI SALT LAKE CITY UT 84115	87-0556679	3		33,481	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	NEPAL CLEFT PALATE & BURN CENTER 1465 FOOTHILL DR. SALT LAKE CITY UT 84108	20-4731389	3		289,058	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	ODYSSEY HOUSE 68 SOUTH 600 EAST SALT LAKE CITY UT 84102	87-0292487	3		5,669	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	OPERATION RAINBOW 1580 VALENCIA STREET, SUITE 703 SAN FRANCISCO CA 94110	76-0022338	3		16,550	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	OPERATION SMILE FOUNDATION 6435 TIDEWATER DRIVE NORFOLK VA 23509	54-1460147	3		239,845	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	OPERATION USA 3617 HAYDEN AVENUE CULVER CITY CA 90232	95-3504080	3		28,020	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	OPTIONS FOR INDEPENDENCE 1095 NORTH MAIN LOGAN UT 84341	94-2929295	3		7,064	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

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Schedule I (Form 990) (2010)

**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.

▶ Attach to Form 990.

OMB No. 1545-0047

**2010****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. Check this box if no one recipient 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)	ORCHARD INTERNATIONAL 2921 RAMONA STREET PALO ALTO CA 94306	77-0423078	3		7,487,944	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	OUELESSEBOUGOU - UTAH ALLIANCE 10 WEST 100 SOUTH, STE 605 SALT LAKE CITY UT 84101-1554	87-0659627	3		8,073	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	PALM HARBOR MEDICAL, INC. 3015 RIDGELINE BLVD., BLDG A TARPON SPRINGS FL 34688	59-2720211			242,479	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	PARTNER FOR SURGERY 6904 MELROSE DRIVE MCLEAN VA 22101	54-2034427	3		25,729	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	PEOPLE'S HEALTH CLINIC (PHC) P.O. BOX 681558 PARK CITY UT 84068	87-0638042	3		9,994	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	PHILOS HEALTH CARE 1635 ROLLINS ROAD BURLINGAME CA 94010	94-1156265	3		131,692	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	PHYSICIANS AIDING PHYSICIANS ABROAD P.O. BOX 489 MULESHOE TX 79347	20-0563624	3		12,550	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	POLYNESIAN YOUTH CIVIC ASSOCIATION 4687 WEST RAIN TREE WAY WEST VALLEY CITY UT 84120	65-1221657	3		6,736	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	PROJECT HELPING HANDS 12738 NORTON AVENUE CHINO CA 91710	81-0523954	3		7,523	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**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.

▶ Attach to Form 990.

OMB No. 1545-0047

**2010****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. Check this box if no one recipient 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)	PROJECT PERFECT WORLD 401 N LEONARD BLVD LEHIGH ACRES FL 33971	04-3546835	3		143,785	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	ROTAPLAST INTERNATIONAL, INC 1663 MISSION STREET, SUITE 320 SAN FRANCISCO CA 94103	94-3247677	3		34,951	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	ROTARY CLUB OF HISPANO LATINOS 9355 SOUTH 1300 E SANDY UT 84094	32-0277973	3		344,145	COMP SALES	HUMANITARIAN	CHAIRTABLE MISSION
(4)	SALT LAKE / TOOLE APPLIED TECH COL 3760 HIGHLAND DRIVE, STE 200 SALT LAKE CITY UT 84106	87-0632053	3		7,867	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	SALT LAKE COUNTY AGING SERVICES - A 2001 SOUTH STATE STREET, SUITE 1500 SALT LAKE CITY UT 84190	87-6000316	3		7,485	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	SALT LAKE DONATED DENTAL 1383 SOUTH 900 WEST, STE 128 SALT LAKE CITY UT 84104	87-0482710	3		16,003	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	SALT LAKE EDUCATION FOUNDATION 440 E 100 S SALT LAKE CITY UT 84111	74-2563849	3		5,312	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	SALT LAKE VALLEY HEALTH DEPARTMENT 2001 SOUTH STATE STREET, SUITE 2400 SALT LAKE CITY UT 84190	87-6000316	3		31,572	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	SALVADORIAN AMERICAN HUMANITARIAN F 2050 CORAL WAY, STE 600 MIAMI FL 33145	59-2339140	3		1,936,203	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)



**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.

▶ Attach to Form 990.

OMB No. 1545-0047

**2010****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. Check this box if no one recipient 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)	SANDY CITY ROTARY 10000 CENTENNIAL PARKWAY SANDY UT 84070	73-1652158	3		144,301	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	SMALL DONATIONS 1775 W 1500 S SALT LAKE CITY UT 84104				1,250,906	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	SRI SATHYA SAI WORLD FOUNDATION (SS) P.O. BOX 660995 ARCADIA CA 91066	20-4536634	3		145,435	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	SURGICORPS INTERNATIONAL 3392 SAXONBURG BLVD, STE 400 GLENSHAW PA 15116	25-1796465	3		5,445	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	SWANSON FAMILY FOUNDATION 2520 NORTH 1500 WEST OGDEN UT 84404	87-0578540	3		43,775	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	THE MOUNTAIN FUND 139 MADISON NE ALBUQUERQUE NM 87108	20-2570273	3		18,868	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	TOOELE COUNTY HEALTH DEPARTMENT 151 NORTH MAIN TOOELE UT 84074	87-6000317	3		7,812	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	TOOELE COUNTY SCHOOL DISTRICT 92 SOUTH LODESTONE WAY TOOELE UT 84074	87-0397602	3		11,625	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	TOUCHING HEARTS FOUNDATION 1155 EAST 2100 SOUTH, #6211 SALT LAKE CITY UT 84106	20-1795063	3		1,457,493	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**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.

▶ Attach to Form 990.

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. Check this box if no one recipient 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)	TRIVANI 198 SOUTH MAIN STREET SPRINGVILLE UT 84663	26-0446110	3		14,500	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	UTAH EMERGENCY MEDICAL TRAINING COU 2355 SOUTH TECHNOLOGY DR. WEST VALLEY CITY UT 84119	74-2358572	3		10,220	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	UTAH INDEPENDENT LIVING CENTER 3445 SOUTH MAIN STREET SALT LAKE CITY UT 84115	87-0381510	3		8,512	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	UTAH NON PROFIT HOUSING CORPORATION 223 WEST 700 SOUTH, SUITE C SALT LAKE CITY UT 84101	87-6164397	3		7,314	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	UTAH VALLEY UNIVERSITY 800 WEST UNIVERSITY PKWY OREM UT 84058	87-0280648	3		49,704	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)	UTAH YOUTH FEDERATION 1609 EAST 6850 SOUTH OGDEN UT 84405	87-0416279	3		71,234	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(7)	UTAH ZOOLOGICAL SOCIETY / HOGLE ZOO 2600 SUNNYSIDE AVENUE SALT LAKE CITY UT 84108	87-0217405	3		5,835	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(8)	WESLEY MEMORIAL UNITED METHODIST CH 1815 BRUNSWICK COURT HIGH POINT NC 27262	56-0547465	3		42,032	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(9)	WEST COAST MEDICAL RESOURCES P.O. BOX 3884 SEMINOLE FL 33775	23-7378002			194,415	COMP SALES	HUMANITARIAN	CHARITABLE MISSION

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**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.

▶ Attach to Form 990.

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. Check this box if no one recipient 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)	WEST VALLEY ALLIANCE FOR COMMUNITY 3451 S 5600 W #E WEST VALLEY CITY UT 84120	59-3817880	3		8,888	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(2)	WHOLENESS HOUSE INC - OSTO GROUP 15070 CORPORATE ROAD NORTH JUPITER FL 33478	20-1037794	3		60,000	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(3)	WORLD CHANGE FOR CHILDREN 11629 SE 67TH PLACE BELLEVUE WA 98006-6413	83-0338225	3		7,380	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(4)	WORLD VISION MAIL STOP 417 P.O. BOX 9716 FEDERAL WAY WA 98063-9716	95-3202116	3		80,626	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(5)	YOUTH MAKING A DIFFERENCE 2176 S 2000 E SALT LAKE CITY UT 84106	20-2427006	3		5,900	COMP SALES	HUMANITARIAN	CHARITABLE MISSION
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open To Public  
Inspection

Employer identification number

**84-1369453**

**GLOBUS RELIEF**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?		<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>X</b>
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?		<b>X</b>
<b>b</b> Any related organization?		<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?		<b>X</b>
<b>b</b> Any related organization?		<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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		<b>X</b>
<b>8</b> 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		<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	150,000	11,000	0	4,500	12,190	177,690	179,088
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**Part III Supplemental Information**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2010**  
**Open To Public Inspection**

**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) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
					Yes	No	Yes	No	Yes	No
	To	From								
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b> .....				▶ \$						

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

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

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



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) <b>BRANDON ANDERSON</b>	<b>TRUSTEE</b>	<b>1,688</b>	<b>COMPUTER/WEBSITE</b>		<b>X</b>
(2) <b>DAN HENRIE</b>	<b>TRUSTEE</b>	<b>50,000</b>	<b>CONSULTING</b>		<b>X</b>
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GLOBUS RELIEF**

Employer identification number  
**84-1369453**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>HUMANITARIAN</b> )	<b>X</b>	<b>1102</b>	<b>82,561,835</b>	<b>COMP WHOLESAL COST</b>
26 Other ▶ ( <b>DONATED OP COST</b> )	<b>X</b>	<b>10</b>	<b>20,992</b>	<b>COMPARATIVE COST</b>
27 Other ▶ ( )				
28 Other ▶ ( )				

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

**29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 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.		

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

Schedule M (Form 990) (2010)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**GLOBUS RELIEF**

Employer identification number

**84-1369453**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

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**

**ROBERT HALTOM** **KELLY FARMER**

**TRUSTEE** **MEMBER**

**FAMILY RELATIONSHIP**

**ROBERT HALTOM** **KELLY LEE FARMER**

**TRUSTEE** **TRUSTEE**

**FAMILY RELATIONSHIP**

**KELLY LEE FARMER** **KELLY FARMER**

**TRUSTEE** **MEMBER**

**FAMILY RELATIONSHIP**

Name of the organization

**GLOBUS RELIEF**

Employer identification number

**84-1369453**

**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.**

**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.**

Name of the organization

**GLOBUS RELIEF**

Employer identification number

**84-1369453**

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 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.

### Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **GLOBUS RELIEF** Identifying number **84-1369453**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

#### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

#### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	44,634

#### Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

##### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶	

##### Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

##### Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

#### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	44,634
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.