

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **GLOBAL OUTREACH DOCTORS**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
794 CAMINO LOS ABUELOS
 City or town, state or province, country, and ZIP or foreign postal code
GALISTEO NM 87540

D Employer identification number: **47-2010691**
E Telephone number: **505-473-9333**
G Gross receipts\$ **24,554**

F Name and address of principal officer:
ANDREW LUSTIG, ND
794 CAMINO LOS ABUELOS
GALISTEO NM 87540

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

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

J Website: ▶ **GLOBALOUTREACHDOCTORS.ORG** **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

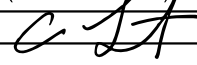
L Year of formation: **2014** **M** State of legal domicile: **NM**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDED IN-KIND VOLUNTEER MEDICAL STAFF AND SPECIALIZED SERVICES FOR HEALTHCARE IN DEVELOPING COUNTRIES IN 2020 VALUED AT: \$390,767		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	6	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	0	
	6 Total number of volunteers (estimate if necessary)	40	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	13,068	24,554
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	259	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,327	24,554
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,246	3,874
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,246	3,874
	19 Revenue less expenses. Subtract line 18 from line 12	-6,919	20,680
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	12,114	32,784
	21 Total liabilities (Part X, line 26)	105	95
	22 Net assets or fund balances. Subtract line 21 from line 20	12,009	32,689

Part II Signature Block

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

Sign Here Signature of officer:  Date: _____
ANDREW LUSTIG, ND **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JEREMY T RICHTER** Preparer's signature: **JEREMY T RICHTER** Date: **10/06/21** Check if self-employed PTIN: **P02149367**

Firm's name ▶ **HINKLE + LANDERS, PC** Firm's EIN ▶ **85-0232815**
2500 9TH ST NW
 Firm's address ▶ **ALBUQUERQUE, NM 87102-1055** Phone no. **505-883-8788**

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