

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

<p>B Check if applicable:</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization GLOBAL EMPOWERMENT MISSION INC</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1810 NW 94TH AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code DORAL FL 33172</p>	<p>D Employer identification number 45-3782061</p> <p>E Telephone number 305-695-4410</p> <p>G Gross receipts \$ 21,023,129</p>
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F Name and address of principal officer:
MICHAEL CAPPONI
1040 BISCAYNE BLVD #2403
MIAMI FL 33132

H(a) Is this a group return for subordinates? Yes No

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

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

J Website: **u** **GLOBALEMPOWERMENTMISSION.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **2011** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO PROVIDE RELIEF AID TO THE PEOPLE OF ALL GLOBAL REGIONS DISPLACED BY NATURAL DISASTERS AND THE COVID 19 PANDEMIC.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	19
	6	Total number of volunteers (estimate if necessary)	6	450
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 36,491,441	Current Year 21,023,129
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,491,441	21,023,129
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,067,103	15,355,558
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	309,318	521,552
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) u 84,051		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	302,932	488,540
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	35,679,353	16,365,650	
19	Revenue less expenses. Subtract line 18 from line 12	812,088	4,657,479	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 861,790	End of Year 5,604,198
	21	Total liabilities (Part X, line 26)	14,576	99,505
	22	Net assets or fund balances. Subtract line 21 from line 20	847,214	5,504,693

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 MICHAEL CAPPONI	Date
	Type or print name and title PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name MALCOLM A. LEONARD	Preparer's signature MALCOLM A. LEONARD	Date 11/12/21	Check <input type="checkbox"/> if self-employed PTIN P00293123
	Firm's name } MALCOLM A. LEONARD CPA, P.A.	Firm's EIN } 59-2225363		
	Firm's address } 3810 HOLLYWOOD BLVD., STE. 3 HOLLYWOOD, FL 33021	Phone no. 954-962-5277		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO PROVIDE RELIEF AID TO THE PEOPLE OF ALL GLOBAL REGIONS DISPLACED BY NATURAL DISASTERS AND THE COVID 19 PANDEMIC.

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

Yes No

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

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

Yes No

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

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

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

PROVIDED RELIEF AID TO THE PEOPLE OF GLOBAL REGIONS EFFECTED BY NATURAL DISASTERS, AS WELL AS, DOMESTIC DISASTERS. RELIEF WAS PROVIDED IN THE UNITED STATES FOR COVID-19 PANDEMIC MISSIONS, GULF COAST HURRICANE LAURA RELIEF, CALIFORNIA WILDFIRES RELIEF, OREGON WILD FIRES RELIEF, U.S. SMALL BUSINESS ASSISTANCE, TENNESSEE TORNADOES MISSION. FOREIGN ASSISTANCE FOR BAHAMAS RELIEF MISSIONS, HURRICANE ETA/IOTA HONDURAS & GUATEMALA RELIEF, HAITI AND PUERTO RICO PROJECTS, AND AUSTRALIA WILD FIRE RELIEF.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ **15,355,558** including grants of \$ **15,355,558**) (Revenue \$)

4e Total program service expenses **u 15,355,558**

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	13		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

MICHAEL CAPPONI **1040 BISCAYNE BLVD #2403** **FL 33132** **305-695-4410**
MIAMI

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REID BOREN	15.00									
DIRECTOR	0.00	X					0	0	0	
(2) ANDRES FANJUL	10.00									
DIRECTOR	0.00	X					0	0	0	
(3) FELICIA MARQUEZ	25.00									
DIRECTOR	0.00	X					0	0	0	
(4) OMAR ROSARIO	15.00									
DIRECTOR	0.00	X					0	0	0	
(5) VIOLET CAMACHO	15.00									
DIRECTOR	0.00	X					0	0	0	
(6) ZOE NOUET ROBINS	20.00									
DIRECTOR	0.00	X					0	0	0	
(7) WILLIAM H DEAN	5.00									
DIRECTOR	0.00	X					0	0	0	
(8) JAY H PARKER	20.00									
DIRECTOR	0.00	X					0	0	0	
(9) MICHELLE BOREN	15.00									
DIRECTOR	0.00	X					0	0	0	
(10) MICHAEL CAPPONI	65.00									
PRESIDENT	0.00			X			258,628	0	0	
(11) ROSY LEVY	20.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) FRANCINE DELAROSA	20.00									
DIRECTOR	0.00	X					0	0	0	
(13) INDIA HICKS	20.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							u	258,628		
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	258,628		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NATURE CONSULTING LLC HOLLYWOOD FL 33020	3017 GREENE ST LOGISTICS CONSU	1,281,120
SISLOY LLC MIAMI FL 33137	3000 BISCAYNE BLVD LOGISTICS CONSU	850,000
BIMINI SHIPPING LLC MIAMI FL 33142	3301 NW SOUTH RIVER DR SHIPPING	141,025

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 3**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	21,023,129			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g	\$ 12,483,852			
	h Total. Add lines 1a-1f	u	21,023,129			
	Program Service Revenue	2a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u			
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales exps.	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ 21,023,129 of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions	u	21,023,129	0	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,173,860	13,173,860		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,181,698	2,181,698		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	258,628		258,628	
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	230,416		230,416	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	32,508		32,508	
11 Fees for services (nonemployees):				
a Management				
b Legal	76,705		76,705	
c Accounting	14,525		14,525	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	84,051			84,051
13 Office expenses	96,818		96,818	
14 Information technology				
15 Royalties				
16 Occupancy	182,680		182,680	
17 Travel				
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	16,385		16,385	
23 Insurance	12,053		12,053	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISC LICENSES & FEES	5,323		5,323	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,365,650	15,355,558	926,041	84,051
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	512,391	1	465,827
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	232,777	8	5,006,720
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 160,130		
	b Less: accumulated depreciation	10b 28,479	10c	131,651
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	861,790	16	5,604,198	
Liabilities	17 Accounts payable and accrued expenses	14,576	17	27,005
	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 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	72,500
	26 Total liabilities. Add lines 17 through 25	14,576	26	99,505
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	847,214	27	465,827
	28 Net assets with donor restrictions		28	5,038,866
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	847,214	32	5,504,693	
33 Total liabilities and net assets/fund balances	861,790	33	5,604,198	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,023,129
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,365,650
3	Revenue less expenses. Subtract line 2 from line 1	3	4,657,479
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	847,214
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,504,693

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

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 12, 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	172,878	17,764,911	5,668,633	36,491,441	21,023,129	81,120,992
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	172,878	17,764,911	5,668,633	36,491,441	21,023,129	81,120,992
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						81,120,992

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	172,878	17,764,911	5,668,633	36,491,441	21,023,129	81,120,992
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	172,878	17,764,911	5,668,633	36,491,441	21,023,129	81,120,992
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

GLOBAL EMPOWERMENT MISSION INC

45-3782061

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARITABLE GIFT FD C/O FIDELITY INVESTMENTS 245 SUMMER ST BOSTON MA 02210	\$ 1,350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF LOUISIANA PO BOX 94095 BATON ROUGE LA 70804	\$ 650,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE JOEL FOUNDATION 822 S WHITE ST STE 106 WAKE FOREST NC 27587	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DRIP DROP 220 HALLECK ST SAN FRANCISCO CA 94129	\$ 243,744	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	SIADAT FAMILY FOUNDATION 1515 N FEDERAL HIGHWAY STE 405 BOCA RATON FL 33432	\$ 344,367	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HUNTON ANDREWS KURTH 333 SE 2ND AVE STE 2400 MIAMI FL 33131	\$ 300,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	INTEGRITY VITAMIN & SUPPLEMENT GROUP 3370 NE 190TH ST STE 1005 AVENTURA FL 33180	\$ 416,044	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE MATTHEW MCCONAUGHY FOUNDATION 13801 VENTURA BLVD SHERMAN OAKS CA 91423	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	RIVERBEND CHURCH 334 NORTHWEST NEWPORT AVE BEND OR 97701	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	IMMUSE IMMUNE BUILDER 240 CRANDON BLVD STE 232 KEY BISCAYNE FL 33149	\$ 224,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	84 LUMBER 3700 S STATE RD 7 DAVIE FL 33314	\$ 185,113	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	SOS HYDRATION 548 MARKET ST #82331 SAN FRANCISCO CA 94104	\$ 191,200	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SUE HOSTETLER & BEAU WRIGLEY FAMILY FOUNDATION INC 1 N FRANKLIN ST STE 3175 CHICAGO IL 60606	\$ 182,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CITY OF NEW YORK CORNING TOWER EMPIRE STATE PLAZA 32ND FLOOR ALBANY NY 11242	\$ 170,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BEGIN A LEGACY 907 WESTWOOD BLVD STE 413 LOS ANGELES CA 90024	\$ 160,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	HAIN CELESTIAL 1111 MARCUS AVE N NEW HYDE PARK NY 11042	\$ 133,415	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	EAGLE'S WING FOUNDATION 375 POSSUM PASS W PALM BEACH FL 33413	\$ 100,720	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	BRENDEN FAMILY FOUNDATION PO BOX 2004 SILVERTON OR 97381	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	KROENKE FAMILY FOUNDATION 1155 CANYON BLVD STE 400 BOULDER CO 80302	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	SHUTTERFLY INC 2800 BRIDGE PARKWAY REDWOOD CITY CA 94065	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ACORN EAST 16301 NW 15TH AVE MIAMI FL 33169	\$ 92,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	ULTIMA C/O 1810 NW 94 AVE DORAL FL 33172	\$ 85,336	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	CERTIFIED COLOR CORPORATION 1401 NW 78TH AVE MIAMI FL 33126	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	HIGHER DOSE 228 PARK AVE S NEW YORK NY 10003	\$ 58,720	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

45-3782061

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SELFHELP COMMUNITY SERVICES 419 CHURCH AVE BROOKLYN NY 11218	\$ 54,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	ST LOUIS COMMUNITY FOUNDATION 2 OAK KNOLL ST LOUIS MO 63105	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	PAUL BERNON ONE WASHINGTON ST WELLESLEY MA 02481	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	CHRISTOPHER HARDING 600 E LAS COLINAS BLVD STE 1300 IRVING TX 75039	\$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	DAVID HARARI 3131 NE 7TH AVE APT 3803 MIAMI FL 33137	\$ 30,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	DANIEL & ROSA LEVY 44 TERRACINA AVENUE GOLDEN BEACH FL 33160	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	SUNSHINE FOUNDATION 80 CROSSWAYS PARK DRIVE WEST WOODBURY NY 11797	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	EVAN SACKS 150 BROADWAY 4TH FLR NEW YORK NY 10038	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	PHARRELL WILLIAMS 10960 WILKSHIRE BLVD FLOOR 5 LOS ANGELES CA 90024	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	STUTZMAN FAMILY FOUNDATION 5811 PELICAN BAY BLVD SUITE 650 NAPLES FL 34108	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	YOUNIQUE DONATION DRIVE ROYAL CARIBBEAN 1050 CARIBBEAN WAY MIAMI FL 33172	\$ 20,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	ARC TRANSPORT C/O 1810 NW 94 AVE DORAL FL 33172	\$ 16,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	DOWNTOWN DEVELOPMENT AUTHORITY 200 S BISCAYNE BLVD STE 2929 MIAMI FL 33131	\$ 15,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	MJ TAX SERVICES AND MORE INC 2754 W ATLANTIC BLVD POMPANO BEACH FL 33069	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	POWELL COMMUNICATIONS 40 EXCHANGE PLACE SUITE 210 NEW YORK NY 10005	\$ 24,174	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	THE SENCE FOUNDATION 1020 E MINERAL KING AVE VISALIA CA 93292	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	JAMES ROZENTHAL 2545 MIRA VISTA DR EL CERITO CA 94530	\$ 14,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	KOTULA FAMILY FOUNDATION 800 NICOLLETT MALL STE 200 MINNEAPOLIS MN 55402	\$ 14,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	JAMES PUTRA 133 NE 2ND AVE UPH-01 MIAMI FL 33132	\$ 10,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	AMY SCHUMER 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	BARBARA BRADLEY BAEKGAARD FAMILY FOUNDATION 7 SPRING MILL LANE HAVERFORD PA 19041	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	ELISHA-BOLTON FOUNDATION 1111 SUPERIOR AVENUE STE 700 CLEVELAND OH 44114	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	KURT RUSSELL 9200 SUNSET BLVD PENTHOUSE 22 LOS ANGELES CA 90069	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	LENA DUNHAM 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	LILAH HILLIARD FISHER FOUNDATION 310 GRANT ST STE 2000 PITTSBURGH PA 15219	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	NATALIA DUMA 58 AVENUE VICTORIA LE CANNET . 06110	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	NINA DOBREVA C/O IMPRINT PR, NEUE HOUSE 6121 SUNSET BLVD LOS ANGELES CA 90028	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	ROMA BURNETT 9100 WILSHIRE BLVD SUITE 1000W BEVERLY HILLS CA 90212	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	SOCIAL SISTERS 330 EAST 57 STREET 4TH FLOOR NEW YORK NY 10022	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	THE FIRMENICH CHARITABLE FOUNDATION PO BOX 5880 PRINCETON NJ 08543	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL EMPOWERMENT MISSION INC	Employer identification number 45-3782061
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	SEXY HAIR 5800 BRISTOL PARKWAY CULVER CITY CA 90230	\$ 2,700,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56	SEEGENE INC TAEWON BLDG 91 OGEUM-RO SONGPA-GU SEOUL . 05548	\$ 1,607,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
57	FABER FOUNDATION 1872 FRONT ST CUYAHOGA FALLS OH 44221	\$ 1,413,884	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
58	DOT FOODS 1 DOT WAY MT STERLING IL 62353	\$ 847,123	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
59	HOPEINACTION.ORG 8620 WILLIAMSHIRE WEST DR INDIANAPOLIS IN 46260	\$ 476,440	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60	SOURCE FURNITURE LLC 11451 NW 36TH AVE MIAMI FL 33167	\$ 400,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL EMPOWERMENT MISSION INC	Employer identification number 45-3782061
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	CLIF BAR & COMPANY 1451 66TH ST EMERYVILLE CA 94608	\$ 351,781	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	FULFILLMENT HUB USA 11400 NW 34TH ST MIAMI FL 33178	\$ 320,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	FEEDING THE NATIONS PO BOX 2438 SOUTH BEND IN 46680	\$ 172,100	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	JOSHUA STARR 2950 NE 188TH ST UNIT 124 AVENTURA FL 33180	\$ 120,125	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
65	REX DISCOUNT 1090 NW 23RD ST MIAMI FL 33127	\$ 97,517	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
66	BELGIUM BOYS 240 KENT AVE BROOKLYN NY 11249	\$ 13,330	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	RELIEF SUPPLIES	\$ 243,744	
6	RELIEF SUPPLIES	\$ 300,000	
7	RELIEF SUPPLIES	\$ 416,044	
10	RELIEF SUPPLIES	\$ 224,000	
11	RELIEF SUPPLIES	\$ 185,113	
12	RELIEF SUPPLIES	\$ 191,200	

Name of organization GLOBAL EMPOWERMENT MISSION INC	Employer identification number 45-3782061
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	RELIEF SUPPLIES	\$ 133,415	
21	RELIEF SUPPLIES	\$ 92,000	
22	RELIEF SUPPLIES	\$ 85,336	
24	RELIEF SUPPLIES	\$ 58,720	
35	RELIEF SUPPLIES	\$ 20,000	
36	RELIEF SUPPLIES	\$ 16,000	

Name of organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
39	RELIEF SUPPLIES	\$ 24,174	
55	RELIEF SUPPLIES	\$ 2,700,000	
56	RELIEF SUPPLIES	\$ 1,607,000	
57	RELIEF SUPPLIES	\$ 1,413,884	
58	RELIEF SUPPLIES	\$ 847,123	
59	RELIEF SUPPLIES	\$ 476,440	

Name of organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
60	RELIEF SUPPLIES	\$ 400,000	
61	RELIEF SUPPLIES	\$ 351,781	
62	RELIEF SUPPLIES	\$ 320,000	
63	RELIEF SUPPLIES	\$ 172,100	
64	RELIEF SUPPLIES	\$ 120,125	
65	RELIEF SUPPLIES	\$ 97,517	

Name of organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
66	RELIEF SUPPLIES	\$ 13,330	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

GLOBAL EMPOWERMENT MISSION INC

45-3782061

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		160,130	28,479	131,651
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	u			131,651

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SMALL BUSINESS ADMIN-PPP LOAN	72,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 72,500

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Series of horizontal dotted lines for providing supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
PUERTO RICO COMMUNITY PROJECTS			PROGRAM SERVICE	DISASTER RELIEF SUPP	47,999
(1) BAHAMAS OPERATION RELIEF MISSIO			PROGRAM SERVICE	DISASTER RELIEF SUPP	1,411,523
HAITI SUSTAINABLE MISSION			PROGRAM SERVICE	DISASTER RELIEF SUPP	95,672
(3) AUSTRALIA WILD FIRE RELIEF			PROGRAM SERVICE	DISASTER RELIEF SUPP	215,458
(4) BEIRUT LEBANON EXPLOSION RELIEF			PROGRAM SERVICE	DISASTER RELIEF SUPP	63,252
(5) HONDURAS & GUATEMALA HURRICANE			PROGRAM SERVICE	DISASTER RELIEF SUPP	347,794
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					2,181,698
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,181,698

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **u** _____

3 Enter total number of other organizations or entities **u** _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) DISASTER RELIEF SUPPLIES			178,332	GIFT CARDS	2,003,366	SUPPLIES	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
PUERTO RICO COMMUNITY PROJECTS	\$ 47,999	\$ 0
BAHAMAS OPERATION RELIEF MISSIO	\$ 1,411,523	\$ 0
HAITI SUSTAINABLE MISSION	\$ 95,672	\$ 0
AUSTRALIA WILD FIRE RELIEF	\$ 215,458	\$ 0
BEIRUT LEBANON EXPLOSION RELIEF	\$ 63,252	\$ 0
HONDURAS & GUATEMALA HURRICANE	\$ 347,794	\$ 0

**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" on Form 990, Part IV, line 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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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						
Total						

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" on 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FUNDRAISING REV (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	21,023,129		21,023,129	
	2	Less: Contributions	21,023,129		21,023,129	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CA WILDFIRE GRANTS		36,000	334,699		RELIEF SUPPLIES
2 COVID 19 PANDEMIC MISSION		150,602	11,485,436		RELIEF SUPPLIES
3 GULF COAST HURRICANE LAUR			430,329		RELIEF SUPPLIES
4 OREGON WILD FIRES RELIEF		76,500	468,517		RELIEF SUPPLIES
5 U S SMALL BUSINESS ASSIST		100,000			
6 TENNESSEE TORNADOES MISSI		13,107	78,670		RELIEF SUPPLIES
7					

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

PART IV - ADDITIONAL INFORMATION

RELIEF TO INDIVIDUALS AND FAMILIES AFFECTED BY NATURAL DISASTERS AND THE
 COVID 19 PANDEMIC IN THE FORM OF GRANTS TO INDIVIDUALS AND FAMILIES IN
 AMOUNTS LESS THAN \$5000 PER FAMILY FOR ASSISTANCE OR RELOCATION PURPOSES.

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
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

GLOBAL EMPOWERMENT MISSION INC

Employer identification number
45-3782061

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

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

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

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

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

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

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

	Yes	No
1a		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL CAPPONI	(i)	258,628	0	0	0	0	258,628	0
1 PRESIDENT	(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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

GLOBAL EMPOWERMENT MISSION INC

45-3782061

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 u ()	X	1	12,483,852	
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

THE ACTUAL NUMBER OF ITEMS RECEIVED (CONTRIBUTIONS) ARE NUMEROUS SUCH AS FOOD, CLOTHING, GENERATORS, TOOLS, MEDICAL EQUIPMENT, REBUILD MATERIALS, SCHOOL SUPPLIES, COMPUTERS FOR CHILDREN, CLEANING SUPPLIES, PET SUPPLIES, DONATIONS AND SERVICES DONATED BY COUNTLESS DONORS ACROSS THE UNITED STATES AND OTHER REGIONS TO FEED, CLOTHE AND SHELTER THE VICTIMS OF THE PANDEMIC, AND OTHER NATURAL DISASTERS.

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

FORM 990, PART I, LINE 6

VOLUNTEERS COLLECTED, TRANSPORTED, WAREHOUSED AND DISTRIBUTED ALL DONATED
GOODS TO VICTIMS OF HURRICANES AND OTHER NATURAL DISASTERS.

FORM 990, PART III - ADDITIONAL INFORMATION

LINE 4D - ALL OTHER ACCOMPLISHMENTS

PROVIDED RELIEF AID TO THE PEOPLE OF GLOBAL REGIONS EFFECTED BY NATURAL
DISASTERS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

PROVIDED RELIEF AID TO THE PEOPLE OF GLOBAL REGIONS EFFECTED BY NATURAL
DISASTERS, AS WELL AS, DOMESTIC DISASTERS. RELIEF WAS PROVIDED IN THE
UNITED STATES FOR COVID-19 PANDEMIC MISSIONS, GULF COAST HURRICANE LAURA
RELIEF, CALIFORNIA WILDFIRES RELIEF, OREGON WILD FIRES RELIEF, U.S. SMALL
BUSINESS ASSISTANCE, TENNESSEE TORNADOES MISSION. FOREIGN ASSISTANCE FOR
BAHAMAS RELIEF MISSIONS, HURRICANE ETA/IOTA HONDURAS & GUATEMALA RELIEF,
HAITI AND PUERTO RICO PROJECTS, AND AUSTRALIA WILD FIRE RELIEF.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ORGANIZATION'S PROCESS OF REVIEW IS CONDUCTED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

PRIOR TO BEING ELECTED OR OTHERWISE DESIGNATED A GOVERNING PERSON, AND
THEREAFTER ON AN ANNUAL BASIS, ALL GOVERNING PERSONS SHALL DISCLOSE IN
WRITING, TO THE BEST OF THEIR KNOWLEDGE, ALL INTERESTS IN POTENTIAL

Name of the organization

Employer identification number

GLOBAL EMPOWERMENT MISSION INC

45-3782061

COUNTERPARTIES. A COPY OF EACH DISCLOSURE STATEMENT SHALL BE AVAILABLE TO ANY GOVERNING PERSON ON REQUEST.

IF AT ANY TIME DURING HIS OR HER TERMS OF SERVICE, A GOVERNING PERSON ACQUIRES OR IDENTIFIES ANY INTEREST, THAT INTEREST AND THE MATERIAL TERMS OF ANY POTENTIAL CONFLICT OF INTEREST SHALL BE PROMPTLY DISCLOSED IN WRITING TO THE CHAIRMAN OF THE BOARD AND ANY GOVERNING PERSON DESIGNATED BY THE CHAIRMAN OF THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD OF DIRECTORS WITH CONSULTANTS ANALYZE ALL EMPLOYEE SALARIES INCLUDING PRESIDENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS BOARD OF DIRECTORS WITH CONSULTANTS ANALYZE ALL EMPLOYEE SALARIES INCLUDING PRESIDENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS AVAILABLE TO THE PUBLIC.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

GLOBAL EMPOWERMENT MISSION INC

Identifying number
45-3782061

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	1,040,000
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	2,590,000
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 2019 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	16,385

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	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 <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2020 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	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. 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	16,385
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.

DAA

45-3782061

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	OFFICE FURNITURE & FIXTURES	3/15/19	46,703			46,703	10 MO S/L	3,892	4,670
2	MACHINERY & EQUIP	1/15/19	65,447			65,447	10 MO S/L	6,545	6,544
3	COMPUTERS & SOFTWARE	1/15/19	16,566			16,566	10 MO S/L	1,657	1,656
4	IMPROVEMENTS	3/30/20	2,120			2,120	15 MO S/L	0	106
5	FORKLIFT	4/07/20	8,250			8,250	5 MO S/L	0	1,238
6	COMPUTER	5/27/20	1,486			1,486	5 MO S/L	0	173
7	EQUIPMENT & MACHINERY	6/10/20	9,000			9,000	5 MO S/L	0	1,050
8	APPLE LAPTOP	7/08/20	1,625			1,625	5 MO S/L	0	162
9	COMPUTER	7/10/20	2,740			2,740	5 MO S/L	0	274
10	WEBSITE UPGRADE	9/09/20	4,700			4,700	5 MO S/L	0	313
11	COMPUTER-TMOBILE TEL	5/01/20	1,493			1,493	5 MO S/L	0	199
	Total Other Depreciation		<u>160,130</u>			<u>160,130</u>		<u>12,094</u>	<u>16,385</u>
	Total ACRS and Other Depreciation		<u>160,130</u>			<u>160,130</u>		<u>12,094</u>	<u>16,385</u>
	Grand Totals		160,130			160,130		12,094	16,385
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>160,130</u>			<u>160,130</u>		<u>12,094</u>	<u>16,385</u>

45-3782061

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	OFFICE FURNITURE & FIXTURES	3/15/19	46,703			46,703	10 MO S/L	3,892	4,670
2	MACHINERY & EQUIP	1/15/19	65,447			65,447	10 MO S/L	6,545	6,544
3	COMPUTERS & SOFTWARE	1/15/19	16,566			16,566	10 MO S/L	1,657	1,656
4	IMPROVEMENTS	3/30/20	2,120			2,120	15 MO S/L	0	106
5	FORKLIFT	4/07/20	8,250			8,250	5 MO S/L	0	1,238
6	COMPUTER	5/27/20	1,486			1,486	5 MO S/L	0	173
7	EQUIPMENT & MACHINERY	6/10/20	9,000			9,000	5 MO S/L	0	1,050
8	APPLE LAPTOP	7/08/20	1,625			1,625	5 MO S/L	0	162
9	COMPUTER	7/10/20	2,740			2,740	5 MO S/L	0	274
10	WEBSITE UPGRADE	9/09/20	4,700			4,700	5 MO S/L	0	313
11	COMPUTER-TMOBILE TEL	5/01/20	1,493			1,493	5 MO S/L	0	199
	Total Other Depreciation		<u>160,130</u>			<u>160,130</u>		<u>12,094</u>	<u>16,385</u>
	Total ACRS and Other Depreciation		<u>160,130</u>			<u>160,130</u>		<u>12,094</u>	<u>16,385</u>
	Grand Totals		160,130			160,130		12,094	16,385
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>160,130</u>			<u>160,130</u>		<u>12,094</u>	<u>16,385</u>

45-3782061

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
4	IMPROVEMENTS	3/30/20	2,120		0	0	0	2,120
			<u>2,120</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>2,120</u>
		Grand Total	<u>2,120</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>2,120</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Other Depreciation:					
1	OFFICE FURNITURE & FIXTURES	3/15/19	46,703	4,671	4,671
2	MACHINERY & EQUIP	1/15/19	65,447	6,545	6,545
3	COMPUTERS & SOFTWARE	1/15/19	16,566	1,657	1,657
4	IMPROVEMENTS	3/30/20	2,120	141	141
5	FORKLIFT	4/07/20	8,250	1,650	1,650
6	COMPUTER	5/27/20	1,486	298	298
7	EQUIPMENT & MACHINERY	6/10/20	9,000	1,800	1,800
8	APPLE LAPTOP	7/08/20	1,625	325	325
9	COMPUTER	7/10/20	2,740	548	548
10	WEBSITE UPGRADE	9/09/20	4,700	940	940
11	COMPUTER-TMOBILE TEL	5/01/20	1,493	299	299
	Total Other Depreciation		<u>160,130</u>	<u>18,874</u>	<u>18,874</u>
	Total ACRS and Other Depreciation		<u>160,130</u>	<u>18,874</u>	<u>18,874</u>
	Grand Totals		<u>160,130</u>	<u>18,874</u>	<u>18,874</u>

GLOBAL EMPOWERMENT MISSION INC OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: REID BOREN

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 15.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION

TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE

DIRECTOR

OFFICER TYPE

INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____

EXPENSE ACCOUNT AND

BONUS/INCENTIVE: _____

OTHER ALLOWANCES:

OTHER: _____

EXPENSE ACCOUNT FOR

RETIREMENT/DEFERRED BENEFITS: _____

UNRELATED BUSINESS:

OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

NONTAXABLE BENEFITS: _____

SEVERANCE:

PRIOR YEAR: _____

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____

NET INVESTMENT: _____

FIRST: _____

MANAGEMENT & GENERAL: _____

ADJUSTED NET: _____

SECOND: _____

FUNDRAISING: _____

CHARITABLE PURPOSE: _____

THIRD: _____

OTHER: _____

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ANDRES FANJUL

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 10.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____ EXPENSE ACCOUNT AND
 BONUS/INCENTIVE: _____ OTHER ALLOWANCES:
 OTHER: _____ EXPENSE ACCOUNT FOR
 RETIREMENT/DEFERRED BENEFITS: _____ UNRELATED BUSINESS:
 OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____ FIRST: _____
 MANAGEMENT & GENERAL: _____ ADJUSTED NET: _____ SECOND: _____
 FUNDRAISING: _____ CHARITABLE PURPOSE: _____ THIRD: _____
 OTHER: _____

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2020

GENERAL INFORMATION

NAME: FELICIA MARQUEZ

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 25.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____ EXPENSE ACCOUNT AND
 BONUS/INCENTIVE: _____ OTHER ALLOWANCES:
 OTHER: _____ EXPENSE ACCOUNT FOR
 RETIREMENT/DEFERRED BENEFITS: _____ UNRELATED BUSINESS:
 OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____ FIRST: _____
 MANAGEMENT & GENERAL: _____ ADJUSTED NET: _____ SECOND: _____
 FUNDRAISING: _____ CHARITABLE PURPOSE: _____ THIRD: _____
 OTHER: _____

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2020

GENERAL INFORMATION

NAME: OMAR ROSARIO

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 15.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2020

GENERAL INFORMATION

NAME: VIOLET CAMACHO

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 15.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____ EXPENSE ACCOUNT AND
 BONUS/INCENTIVE: _____ OTHER ALLOWANCES:
 OTHER: _____ EXPENSE ACCOUNT FOR
 RETIREMENT/DEFERRED BENEFITS: _____ UNRELATED BUSINESS:
 OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____ FIRST: _____
 MANAGEMENT & GENERAL: _____ ADJUSTED NET: _____ SECOND: _____
 FUNDRAISING: _____ CHARITABLE PURPOSE: _____ THIRD: _____
 OTHER: _____

OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ZOE NOUET ROBINS

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 20.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____ EXPENSE ACCOUNT AND
 BONUS/INCENTIVE: _____ OTHER ALLOWANCES:
 OTHER: _____ EXPENSE ACCOUNT FOR
 RETIREMENT/DEFERRED BENEFITS: _____ UNRELATED BUSINESS:
 OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____ FIRST: _____
 MANAGEMENT & GENERAL: _____ ADJUSTED NET: _____ SECOND: _____
 FUNDRAISING: _____ CHARITABLE PURPOSE: _____ THIRD: _____
 OTHER: _____

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2020

GENERAL INFORMATION

NAME: WILLIAM H DEAN

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 5.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____ EXPENSE ACCOUNT AND
 BONUS/INCENTIVE: _____ OTHER ALLOWANCES:
 OTHER: _____ EXPENSE ACCOUNT FOR
 RETIREMENT/DEFERRED BENEFITS: _____ UNRELATED BUSINESS:
 OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____ FIRST: _____
 MANAGEMENT & GENERAL: _____ ADJUSTED NET: _____ SECOND: _____
 FUNDRAISING: _____ CHARITABLE PURPOSE: _____ THIRD: _____
 OTHER: _____

GLOBAL EMPOWERMENT MISSION INC OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: JAY H PARKER

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 20.00
RELATED:

CONTACT

PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
BOOKS IN CARE? NO
FORMER? NO
TITLE DIRECTOR
OFFICER TYPE INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE:
BONUS/INCENTIVE:
OTHER:
RETIREMENT/DEFERRED BENEFITS:
OTHER COMP/NONTAXABLE:

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

ORGANIZATION

RELATED

NONTAXABLE BENEFITS:
PRIOR YEAR:

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:
FIRST:
SECOND:
THIRD:
OTHER:

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2020

GENERAL INFORMATION

NAME: MICHELLE BOREN

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 15.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____ EXPENSE ACCOUNT AND
 BONUS/INCENTIVE: _____ OTHER ALLOWANCES:
 OTHER: _____ EXPENSE ACCOUNT FOR
 RETIREMENT/DEFERRED BENEFITS: _____ UNRELATED BUSINESS:
 OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____ FIRST: _____
 MANAGEMENT & GENERAL: _____ ADJUSTED NET: _____ SECOND: _____
 FUNDRAISING: _____ CHARITABLE PURPOSE: _____ THIRD: _____
 OTHER: _____

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2020

GENERAL INFORMATION

NAME: MICHAEL CAPPONI
 ADDRESS 1040 BISCAYNE BLVD #2403
 CITY, STATE ZIP CODE: MIAMI, FL 33132
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 65.00
 RELATED:

CONTACT

PRINCIPAL? YES
 SIGNATURE? YES
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION OFFICER
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE PRESIDENT
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: 258,628
 ORGANIZATION BONUS/INCENTIVE:
 OTHER:
 RETIREMENT/DEFERRED BENEFITS:
 OTHER COMP/NONTAXABLE:

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS:
 ORGANIZATION PRIOR YEAR:

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE:
 MANAGEMENT & GENERAL 258,628
 FUNDRAISING:

INCOME ALLOCATION

NET INVESTMENT:
 ADJUSTED NET:
 CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST:
 SECOND:
 THIRD:
 OTHER:

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ROSY LEVY

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 20.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION

TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE

DIRECTOR

OFFICER TYPE

INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____

EXPENSE ACCOUNT AND

BONUS/INCENTIVE: _____

OTHER ALLOWANCES:

OTHER: _____

EXPENSE ACCOUNT FOR

RETIREMENT/DEFERRED BENEFITS: _____

UNRELATED BUSINESS:

OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

NONTAXABLE BENEFITS: _____

SEVERANCE:

PRIOR YEAR: _____

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____

NET INVESTMENT: _____

FIRST: _____

MANAGEMENT & GENERAL: _____

ADJUSTED NET: _____

SECOND: _____

FUNDRAISING: _____

CHARITABLE PURPOSE: _____

THIRD: _____

OTHER: _____

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2020

GENERAL INFORMATION

NAME: FRANCINE DELAROSA

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 20.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION

TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE

DIRECTOR

OFFICER TYPE

INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____

EXPENSE ACCOUNT AND

BONUS/INCENTIVE: _____

OTHER ALLOWANCES:

OTHER: _____

EXPENSE ACCOUNT FOR

RETIREMENT/DEFERRED BENEFITS: _____

UNRELATED BUSINESS:

OTHER COMP/NONTAXABLE: _____

SCHEDULE J

ORGANIZATION

RELATED

NONTAXABLE BENEFITS: _____

SEVERANCE:

PRIOR YEAR: _____

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED?

NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____

NET INVESTMENT: _____

FIRST: _____

MANAGEMENT & GENERAL: _____

ADJUSTED NET: _____

SECOND: _____

FUNDRAISING: _____

CHARITABLE PURPOSE: _____

THIRD: _____

OTHER: _____

GLOBAL EMPOWERMENT MISSION INC OFFICER INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: INDIA HICKS

ADDRESS

CITY, STATE ZIP CODE:

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 20.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION

BOOKS IN CARE? NO

FORMER? NO

TITLE

OFFICER TYPE

TRUSTEE/DIRECTOR

DIRECTOR

INDIVIDUAL

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

ORGANIZATION

RELATED

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED?

NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	CHARITABLE GIFT FD	E-FILING TYPE:	INDIVIDUAL
	C/O FIDELITY INVESTMENTS	DO NOT DISCLOSE	
ADDRESS	245 SUMMER ST	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: BOSTON, MA 02210			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 1,350,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: STATE OF LOUISIANA

E-FILING TYPE:

INDIVIDUAL

ADDRESS PO BOX 94095

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: BATON ROUGE, LA 70804

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 650,000

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: THE JOEL FOUNDATION
 ADDRESS 822 S WHITE ST
 STE 106
 CITY, STATE ZIP CODE: WAKE FOREST, NC 27587
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 NAME AND ADDRESS? NO

CONTRIBUTIONS

CASH CONTRIBUTION: 500,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 1ST PRECEDING YEAR:
 CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: DRIP DROP E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS 220 HALLECK ST NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: SAN FRANCISCO, CA 94129
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
 FUNDRAISING PORTION: DONOR ADVISED FUND:
 TYPE: PERSON GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	243,744	243,744	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 1ST PRECEDING YEAR:
 CURRENT YEAR:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SIADAT FAMILY FOUNDATION

E-FILING TYPE:

INDIVIDUAL

ADDRESS 1515 N FEDERAL HIGHWAY
STE 405DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: BOCA RATON, FL 33432

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 344,367

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: HUNTON ANDREWS KURTH

E-FILING TYPE:

INDIVIDUAL

ADDRESS 333 SE 2ND AVE
STE 2400DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: MIAMI, FL 33131

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:**OTHER INFORMATION**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	300,000	300,000	

NONCASH

VALUE

FMV

TYPE OF
PROPERTYCHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION**SCHEDULE A**

NAME: INDIVIDUAL

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE:

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: INTEGRITY VITAMIN & SUPPLEMENT GROUP E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS 3370 NE 190TH ST NAME AND ADDRESS? NO
 STE 1005
 CITY, STATE ZIP CODE: AVENTURA, FL 33180
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
 FUNDRAISING PORTION: DONOR ADVISED FUND:
 TYPE: PERSON GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	416,044	416,044	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 1ST PRECEDING YEAR:
 CURRENT YEAR:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: THE MATTHEW MCCONAUGHY FOUNDATION E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS 13801 VENTURA BLVD NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: SHERMAN OAKS, CA 91423
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 300,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 1ST PRECEDING YEAR:
 CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	RIVERBEND CHURCH	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	334 NORTHWEST NEWPORT AVE	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE:	BEND, OR 97701		
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 250,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: IMMUSE IMMUNE BUILDER
 ADDRESS 240 CRANDON BLVD
 STE 232
 CITY, STATE ZIP CODE: KEY BISCAYNE, FL 33149
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 NAME AND ADDRESS? NO

CONTRIBUTIONS

CASH CONTRIBUTION:
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	224,000	224,000	

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 1ST PRECEDING YEAR:
 CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: 84 LUMBER E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS 3700 S STATE RD 7 NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: DAVIE, FL 33314
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
 FUNDRAISING PORTION: DONOR ADVISED FUND:
 TYPE: PERSON GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

OTHER INFORMATION

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	185,113	185,113	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:
 ADDRESS 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:
 FOREIGN COUNTRY: CURRENT YEAR:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SOS HYDRATION E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 548 MARKET ST #82331 NAME AND ADDRESS? NO
CITY, STATE ZIP CODE: SAN FRANCISCO, CA 94104
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
FUNDRAISING PORTION: DONOR ADVISED FUND:
TYPE: PERSON GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	191,200	191,200	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:
ADDRESS 3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:
FOREIGN COUNTRY: CURRENT YEAR:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SUE HOSTETLER & BEAU WRIGLEY FAMILY E-FILING TYPE: INDIVIDUAL
 FOUNDATION INC DO NOT DISCLOSE
 ADDRESS 1 N FRANKLIN ST NAME AND ADDRESS? NO
 STE 3175
 CITY, STATE ZIP CODE: CHICAGO, IL 60606
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 182,900
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 1ST PRECEDING YEAR:
 CURRENT YEAR:

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: CITY OF NEW YORK E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS CORNING TOWER EMPIRE STATE PLAZA NAME AND ADDRESS? NO
32ND FLOOR
CITY, STATE ZIP CODE: ALBANY, NY 11242
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 170,000
FUNDRAISING PORTION:
TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
DONOR ADVISED FUND:
GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
E-FILING TYPE: INDIVIDUAL
ADDRESS
CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
4TH PRECEDING YEAR:
3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
1ST PRECEDING YEAR:
CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	BEGIN A LEGACY	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	907 WESTWOOD BLVD	NAME AND ADDRESS?	NO
	STE 413		
CITY, STATE ZIP CODE:	LOS ANGELES, CA 90024		
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 160,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: HAIN CELESTIAL E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 1111 MARCUS AVE NAME AND ADDRESS? NO

CITY, STATE ZIP CODE: N NEW HYDE PARK, NY 11042

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY? NO

INCLUDE ON SCH B? NO

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	133,415	133,415	

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO

E-FILING TYPE: INDIVIDUAL

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: EAGLE'S WING FOUNDATION

E-FILING TYPE:

INDIVIDUAL

ADDRESS 375 POSSUM PASS

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: W PALM BEACH, FL 33413

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 100,720

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: BRENDEN FAMILY FOUNDATION

E-FILING TYPE:

INDIVIDUAL

ADDRESS PO BOX 2004

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: SILVERTON, OR 97381

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 100,000

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: KROENKE FAMILY FOUNDATION

E-FILING TYPE:

INDIVIDUAL

ADDRESS 1155 CANYON BLVD
STE 400DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: BOULDER, CO 80302

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 100,000

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	SHUTTERFLY INC	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	2800 BRIDGE PARKWAY	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: REDWOOD CITY, CA 94065			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 100,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ACORN EAST

E-FILING TYPE:

INDIVIDUAL

ADDRESS 16301 NW 15TH AVE

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: MIAMI, FL 33169

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	92,000	92,000	

OTHER INFORMATIONCHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ULTIMA E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS C/O 1810 NW 94 AVE NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: DORAL, FL 33172
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
 FUNDRAISING PORTION: DONOR ADVISED FUND:
 TYPE: PERSON GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	85,336	85,336	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:
 ADDRESS 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:
 FOREIGN COUNTRY: CURRENT YEAR:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: CERTIFIED COLOR CORPORATION

E-FILING TYPE:

INDIVIDUAL

ADDRESS 1401 NW 78TH AVE

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: MIAMI, FL 33126

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 65,000

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: HIGHER DOSE E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 228 PARK AVE S NAME AND ADDRESS? NO
CITY, STATE ZIP CODE: NEW YORK, NY 10003
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
FUNDRAISING PORTION: DONOR ADVISED FUND:
TYPE: PERSON GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	58,720	58,720	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:
ADDRESS 3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:
FOREIGN COUNTRY: CURRENT YEAR:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SELFHELP COMMUNITY SERVICES

E-FILING TYPE:

INDIVIDUAL

ADDRESS 419 CHURCH AVE

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: BROOKLYN, NY 11218

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 54,500

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO

PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ST LOUIS COMMUNITY FOUNDATION E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 2 OAK KNOLL NAME AND ADDRESS? NO
CITY, STATE ZIP CODE: ST LOUIS, MO 63105
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 50,000
FUNDRAISING PORTION:
TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
DONOR ADVISED FUND:
GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
E-FILING TYPE: INDIVIDUAL
ADDRESS
CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
4TH PRECEDING YEAR:
3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
1ST PRECEDING YEAR:
CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	PAUL BERNON	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	ONE WASHINGTON ST	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: WELLESLEY, MA 02481			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 40,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE	OTHER
DONOR ADVISED FUND:	
GOVERNMENT ENTITY?	NO
INCLUDE ON SCH B?	NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	CHRISTOPHER HARDING	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	600 E LAS COLINAS BLVD	NAME AND ADDRESS?	NO
	STE 1300		
CITY, STATE ZIP CODE:	IRVING, TX 75039		
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 33,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE	OTHER
DONOR ADVISED FUND:	
GOVERNMENT ENTITY?	NO
INCLUDE ON SCH B?	NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	DAVID HARARI	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	3131 NE 7TH AVE	NAME AND ADDRESS?	NO
	APT 3803		
CITY, STATE ZIP CODE:	MIAMI, FL 33137		
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 30,750
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	DANIEL & ROSA LEVY	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	44 TERRACINA AVENUE	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: GOLDEN BEACH, FL 33160			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 30,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SUNSHINE FOUNDATION E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 80 CROSSWAYS PARK DRIVE WEST NAME AND ADDRESS? NO
CITY, STATE ZIP CODE: WOODBURY, NY 11797
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 30,000
FUNDRAISING PORTION:
TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
DONOR ADVISED FUND:
GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
E-FILING TYPE: INDIVIDUAL
ADDRESS
CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
4TH PRECEDING YEAR:
3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
1ST PRECEDING YEAR:
CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	EVAN SACKS	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	150 BROADWAY 4TH FLR	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: NEW YORK, NY 10038			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 25,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	PHARRELL WILLIAMS	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	10960 WILKSHIRE BLVD	NAME AND ADDRESS?	NO
	FLOOR 5		
CITY, STATE ZIP CODE:	LOS ANGELES, CA 90024		
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 25,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: STUTZMAN FAMILY FOUNDATION

E-FILING TYPE:

INDIVIDUAL

ADDRESS 5811 PELICAN BAY BLVD
SUITE 650DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: NAPLES, FL 34108

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 20,000

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: YOUNIQUE DONATION DRIVE E-FILING TYPE: INDIVIDUAL
 ROYAL CARIBBEAN DO NOT DISCLOSE
 ADDRESS 1050 CARIBBEAN WAY NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: MIAMI, FL 33172
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
 FUNDRAISING PORTION: DONOR ADVISED FUND:
 TYPE: PERSON GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	20,000	20,000	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:
 ADDRESS 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:
 FOREIGN COUNTRY: CURRENT YEAR:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ARC TRANSPORT

E-FILING TYPE:

INDIVIDUAL

ADDRESS C/O 1810 NW 94 AVE

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: DORAL, FL 33172

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	16,000	16,000	

OTHER INFORMATIONCHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: DOWNTOWN DEVELOPMENT AUTHORITY E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE

ADDRESS 200 S BISCAYNE BLVD NAME AND ADDRESS? NO
STE 2929

CITY, STATE ZIP CODE: MIAMI, FL 33131

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 15,600

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY? NO

INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO

PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

E-FILING TYPE: INDIVIDUAL

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO

DISQUALIFIED PERSON?: NO

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: MJ TAX SERVICES AND MORE INC E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 2754 W ATLANTIC BLVD NAME AND ADDRESS? NO
CITY, STATE ZIP CODE: POMPANO BEACH, FL 33069
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 15,000
FUNDRAISING PORTION:
TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
DONOR ADVISED FUND:
GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
E-FILING TYPE: INDIVIDUAL
ADDRESS
CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
4TH PRECEDING YEAR:
3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
1ST PRECEDING YEAR:
CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: POWELL COMMUNICATIONS

E-FILING TYPE:

INDIVIDUAL

ADDRESS 40 EXCHANGE PLACE
SUITE 210DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: NEW YORK, NY 10005

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:**OTHER INFORMATION**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	24,174	24,174	

NONCASH

VALUE

24,174

FMV

24,174

TYPE OF
PROPERTYCHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION**SCHEDULE A**

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	THE SENCE FOUNDATION	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	1020 E MINERAL KING AVE	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: VISALIA, CA 93292			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 15,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE	OTHER
DONOR ADVISED FUND:	
GOVERNMENT ENTITY?	NO
INCLUDE ON SCH B?	NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	JAMES ROZENTHAL	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	2545 MIRA VISTA DR	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: EL CERITO, CA 94530			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 14,500
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: KOTULA FAMILY FOUNDATION

E-FILING TYPE:

INDIVIDUAL

ADDRESS 800 NICOLLETT MALL
STE 200DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: MINNEAPOLIS, MN 55402

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 14,500

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	JAMES PUTRA	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	133 NE 2ND AVE	NAME AND ADDRESS?	NO
	UPH-01		
CITY, STATE ZIP CODE:	MIAMI, FL 33132		
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 10,250
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	AMY SCHUMER	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	9336 CIVIC CENTER DR	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: BEVERLY HILLS, CA 90210			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	BARBARA BRADLEY BAEKGAARD	E-FILING TYPE:	INDIVIDUAL
	FAMILY FOUNDATION	DO NOT DISCLOSE	
ADDRESS	7 SPRING MILL LANE	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: HAVERFORD, PA 19041			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: ELISHA-BOLTON FOUNDATION

E-FILING TYPE:

INDIVIDUAL

ADDRESS 1111 SUPERIOR AVENUE
STE 700DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: CLEVELAND, OH 44114

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	KURT RUSSELL	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	9200 SUNSET BLVD	NAME AND ADDRESS?	NO
	PENTHOUSE 22		
CITY, STATE ZIP CODE:	LOS ANGELES, CA 90069		
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE	OTHER
DONOR ADVISED FUND:	
GOVERNMENT ENTITY?	NO
INCLUDE ON SCH B?	NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	LENA DUNHAM	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	9336 CIVIC CENTER DR	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: BEVERLY HILLS, CA 90210			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: LILAH HILLIARD FISHER FOUNDATION E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 310 GRANT ST NAME AND ADDRESS? NO
STE 2000
CITY, STATE ZIP CODE: PITTSBURGH, PA 15219
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
FUNDRAISING PORTION:
TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
DONOR ADVISED FUND:
GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
E-FILING TYPE: INDIVIDUAL
ADDRESS
CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
4TH PRECEDING YEAR:
3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
1ST PRECEDING YEAR:
CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	NATALIA DUMA	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	58 AVENUE VICTORIA	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE:	LE CANNET, . 06110		
FOREIGN COUNTRY:	FRANCE		
FOREIGN STATE OR PROVINCE:	FRANCE		

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?	NO
---------------------	----

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	NINA DOBREVA	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	C/O IMPRINT PR, NEUE HOUSE	NAME AND ADDRESS?	NO
	6121 SUNSET BLVD		
CITY, STATE ZIP CODE:	LOS ANGELES, CA 90028		
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME:	ROMA BURNETT	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	9100 WILSHIRE BLVD	NAME AND ADDRESS?	NO
	SUITE 1000W		
CITY, STATE ZIP CODE:	BEVERLY HILLS, CA 90212		
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?:	NO
DISQUALIFIED PERSON?:	NO
4TH PRECEDING YEAR:	
3RD PRECEDING YEAR:	
2ND PRECEDING YEAR:	
1ST PRECEDING YEAR:	
CURRENT YEAR:	

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SOCIAL SISTERS

E-FILING TYPE:
DO NOT DISCLOSE
NAME AND ADDRESS?

INDIVIDUAL

ADDRESS 330 EAST 57 STREET
4TH FLOOR

NO

CITY, STATE ZIP CODE: NEW YORK, NY 10022

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE

OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: THE FIRMENICH CHARITABLE FOUNDATION E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE

ADDRESS PO BOX 5880 NAME AND ADDRESS? NO

CITY, STATE ZIP CODE: PRINCETON, NJ 08543

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY? NO

INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO

PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

E-FILING TYPE: INDIVIDUAL

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO

DISQUALIFIED PERSON?: NO

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SEXY HAIR E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 5800 BRISTOL PARKWAY NAME AND ADDRESS? NO
CITY, STATE ZIP CODE: CULVER CITY, CA 90230
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
FUNDRAISING PORTION: DONOR ADVISED FUND:
TYPE: PERSON GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	2,700,000	2,700,000	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:
ADDRESS 3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:
FOREIGN COUNTRY: CURRENT YEAR:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SEEGENE INC E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS TAEWON BLDG 91 OGEUM-RO NAME AND ADDRESS? NO
 SONGPA-GU
 CITY, STATE ZIP CODE: SEOUL, . 05548
 FOREIGN COUNTRY: KOREA (SOUTH)
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	1,607,000	1,607,000	

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 1ST PRECEDING YEAR:
 CURRENT YEAR:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: FABER FOUNDATION

E-FILING TYPE:

INDIVIDUAL

ADDRESS 1872 FRONT ST

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: CUYAHOGA FALLS, OH 44221

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:**OTHER INFORMATION**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	1,413,884	1,413,884	

NONCASH VALUE	FMV
1,413,884	1,413,884

TYPE OF PROPERTY

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION**SCHEDULE A**NAME:
E-FILING TYPE: INDIVIDUAL
ADDRESS

EXCLUDE FROM 2% LIMITATION?:

NO

DISQUALIFIED PERSON?:

NO

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: DOT FOODS

E-FILING TYPE:

INDIVIDUAL

ADDRESS 1 DOT WAY

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: MT STERLING, IL 62353

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	847,123	847,123	

OTHER INFORMATIONCHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: HOPEINACTION.ORG E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 8620 WILLIAMSHIRE WEST DR NAME AND ADDRESS? NO
CITY, STATE ZIP CODE: INDIANAPOLIS, IN 46260
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
FUNDRAISING PORTION: DONOR ADVISED FUND:
TYPE: PERSON GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	476,440	476,440	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:
ADDRESS 3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:
FOREIGN COUNTRY: CURRENT YEAR:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: SOURCE FURNITURE LLC

E-FILING TYPE:

INDIVIDUAL

ADDRESS 11451 NW 36TH AVE

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: MIAMI, FL 33167

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:**OTHER INFORMATION**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	400,000	400,000	

NONCASH

VALUE

FMV

TYPE OF
PROPERTYCHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION**SCHEDULE A**

NAME: INDIVIDUAL

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE:

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: CLIF BAR & COMPANY E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS 1451 66TH ST NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: EMERYVILLE, CA 94608
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
 FUNDRAISING PORTION: DONOR ADVISED FUND:
 TYPE: PERSON GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	351,781	351,781	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:
 ADDRESS 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:
 FOREIGN COUNTRY: CURRENT YEAR:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: FULFILLMENT HUB USA

E-FILING TYPE:

INDIVIDUAL

ADDRESS 11400 NW 34TH ST

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: MIAMI, FL 33178

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:**OTHER INFORMATION**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	320,000	320,000	

NONCASH

VALUE

FMV

TYPE OF
PROPERTYCHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION**SCHEDULE A**

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: FEEDING THE NATIONS

E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE NAME AND ADDRESS? NO

ADDRESS PO BOX 2438

CITY, STATE ZIP CODE: SOUTH BEND, IN 46680

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

FUNDRAISING PORTION:

TYPE: PERSON

OTHER INFORMATION

TYPE OTHER

DONOR ADVISED FUND:

GOVERNMENT ENTITY? NO

INCLUDE ON SCH B? NO

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	172,100	172,100	

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
E-FILING TYPE: INDIVIDUAL
ADDRESS

SCHEDULE A
EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
4TH PRECEDING YEAR:
3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
1ST PRECEDING YEAR:
CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: JOSHUA STARR

E-FILING TYPE:

INDIVIDUAL

ADDRESS 2950 NE 188TH ST
UNIT 124DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: AVENTURA, FL 33180

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:**OTHER INFORMATION**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	120,125	120,125	

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION**SCHEDULE A**

NAME: INDIVIDUAL

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: REX DISCOUNT E-FILING TYPE: INDIVIDUAL
DO NOT DISCLOSE
ADDRESS 1090 NW 23RD ST NAME AND ADDRESS? NO
CITY, STATE ZIP CODE: MIAMI, FL 33127
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: TYPE OTHER
FUNDRAISING PORTION: DONOR ADVISED FUND:
TYPE: PERSON GOVERNMENT ENTITY? NO
INCLUDE ON SCH B? NO

OTHER INFORMATION**NON-CASH CONTRIBUTIONS:**

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	97,517	97,517	

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: EXCLUDE FROM 2% LIMITATION?: NO
DISQUALIFIED PERSON?: NO
E-FILING TYPE: INDIVIDUAL 4TH PRECEDING YEAR:
ADDRESS 3RD PRECEDING YEAR:
2ND PRECEDING YEAR:
CITY, STATE ZIP CODE: , 1ST PRECEDING YEAR:
FOREIGN COUNTRY: CURRENT YEAR:
FOREIGN STATE OR PROVINCE:
RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

45-3782061

CONTRIBUTOR INFORMATION

FYE: 12/31/2020

GENERAL INFORMATION

NAME: BELGIUM BOYS

E-FILING TYPE:

INDIVIDUAL

ADDRESS 240 KENT AVE

DO NOT DISCLOSE
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: BROOKLYN, NY 11249

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:

TYPE

OTHER

FUNDRAISING PORTION:

DONOR ADVISED FUND:

TYPE: PERSON

GOVERNMENT ENTITY?

NO

INCLUDE ON SCH B?

NO

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	13,330	13,330	

OTHER INFORMATIONCHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:

EXCLUDE FROM 2% LIMITATION?:

NO

E-FILING TYPE: INDIVIDUAL

DISQUALIFIED PERSON?:

NO

ADDRESS

4TH PRECEDING YEAR:

3RD PRECEDING YEAR:

2ND PRECEDING YEAR:

1ST PRECEDING YEAR:

CURRENT YEAR:

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

RELATIONSHIP TO TRANSFEREE:

SCHEDULE A

Form 990	Event Income and Deduction Worksheet	2020
Name GLOBAL EMPOWERMENT MISSION INC		Taxpayer Identification Number 45-3782061
Description FUNDRAISING REVENUE		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	21,023,129
7. Total revenue. Add lines 1 through 6	7.	21,023,129
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	21,023,129

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____