

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning** , **and ending** ,

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>GLOBAL EMPOWERMENT MISSION INC</b>	<b>D</b> Employer identification number <b>45-3782061</b>
	Doing business as	<b>E</b> Telephone number <b>305-695-4410</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1810 NW 94TH AVENUE</b>	<b>G</b> Gross receipts \$ <b>36,491,441</b>

<b>F</b> Name and address of principal officer: <b>MICHAEL CAPPONI</b> <b>1040 BISCAYNE BLVD #2403</b> <b>MIAMI FL 33132</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number <b>u</b>
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<b>J</b> Website: <b>u</b> <b>GLOBALEMPOWERMENTMISSION.ORG</b>	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>2011</b>	<b>M</b> State of legal domicile: <b>FL</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION'S MISSION IS TO PROVIDE RELIEF AID TO THE PEOPLE OF ALL GLOBAL REGIONS DISPLACED BY HURRICANES AND OTHER NATURAL DISASTERS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>700</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>5,668,633</b>	<b>36,491,441</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,668,633</b>	<b>36,491,441</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>5,504,841</b>	<b>35,067,103</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>309,318</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>84,945</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>141,076</b>	<b>302,932</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>5,645,917</b>	<b>35,679,353</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>22,716</b>	<b>812,088</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>40,726</b>	<b>861,790</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,600</b>	<b>14,576</b>
		<b>35,126</b>	<b>847,214</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MICHAEL CAPPONI</b>	Date
	Type or print name and title <b>PRESIDENT</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MALCOLM A. LEONARD</b>	Preparer's signature <b>MALCOLM A. LEONARD</b>	Date <b>03/31/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00293123</b>
	Firm's name <b>MALCOLM A. LEONARD CPA, P.A.</b>	Firm's EIN <b>59-2225363</b>			
	Firm's address <b>3810 HOLLYWOOD BLVD., STE. 3 HOLLYWOOD, FL 33021</b>	Phone no. <b>954-962-5277</b>			

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

**Part III Statement of Program Service Accomplishments**

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



1 Briefly describe the organization's mission:

**THE ORGANIZATION'S MISSION IS TO PROVIDE RELIEF AID TO THE PEOPLE OF ALL GLOBAL REGIONS DISPLACED BY HURRICANES AND OTHER NATURAL DISASTERS.**

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 HURRICANES, WILD FIRES AND VOLCANO RELIEF. RELIEF WAS PROVIDED TO THE PEOPLE OF THE BAHAMAS, RESIDENTS AFFECTED BY THE CALIFORNIA WILDFIRES, THE VENEZUELAN REFUGEE CRISI, HAITI DISASTER RELIEF AID, PUERTO RICO DISASTER RELIEF AND THE PEOPLE OF BOLIVIA AFFECTED BY THE AMAZON WILDFIRES.**

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 \$ **35,067,103** including grants of \$ **35,067,103** ) (Revenue \$ )

4e Total program service expenses **u 35,067,103**

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

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

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

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

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

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>10</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>9</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u 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** **1531 DAYTONIA ROAD** **FL 33141** **305-695-4410**  
**MIAMI BEACH**

**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	10.00									
DIRECTOR	0.00	X					0	0	0	
(2) ANDRES FANJUL	3.00									
DIRECTOR	0.00	X					0	0	0	
(3) FELICIA MARQUEZ	30.00									
DIRECTOR	0.00	X					0	0	0	
(4) OMAR ROSARIO	10.00									
DIRECTOR	0.00	X					0	0	0	
(5) VIOLET CAMACHO	10.00									
DIRECTOR	0.00	X					0	0	0	
(6) ZOE NOUET ROBINS	30.00									
DIRECTOR	0.00	X					0	0	0	
(7) WILLIAM H DEAN	3.00									
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	70.00									
PRESIDENT	0.00			X			163,926	0	0	
(11)										





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	<b>36,491,441</b>			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 33,025,903</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>36,491,441</b>			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code			
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		<b>u</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>				
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real			
			(ii) Personal			
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
			(ii) Other			
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>				
<b>8a</b> Gross income from fundraising events (not including \$ 36,491,441 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>				
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>36,491,441</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	<b>1,245,451</b>	<b>1,245,451</b>		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	<b>33,821,652</b>	<b>33,821,652</b>		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	<b>163,926</b>		<b>163,926</b>	
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	<b>123,733</b>		<b>123,733</b>	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	<b>21,659</b>		<b>21,659</b>	
11 Fees for services (nonemployees):				
a Management				
b Legal	<b>22,933</b>		<b>22,933</b>	
c Accounting	<b>18,075</b>		<b>18,075</b>	
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	<b>84,945</b>			<b>84,945</b>
13 Office expenses	<b>70,840</b>		<b>70,840</b>	
14 Information technology				
15 Royalties				
16 Occupancy	<b>87,351</b>		<b>87,351</b>	
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	<b>12,094</b>		<b>12,094</b>	
23 Insurance	<b>6,694</b>		<b>6,694</b>	
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				
b				
c				
d				
e All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>35,679,353</b>	<b>35,067,103</b>	<b>527,305</b>	<b>84,945</b>
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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>22,896</b>	<b>1</b>	<b>512,391</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	<b>232,777</b>
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>128,716</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>12,094</b>	<b>15,331</b>	<b>10c</b> <b>116,622</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>2,499</b>	<b>15</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		<b>40,726</b>	<b>16</b>	<b>861,790</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>5,600</b>	<b>17</b>	<b>14,576</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		<b>5,600</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>35,126</b>	<b>27</b>	<b>847,214</b>
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32 Total net assets or fund balances</b> .....	<b>35,126</b>	<b>32</b>	<b>847,214</b>	
<b>33 Total liabilities and net assets/fund balances</b> .....	<b>40,726</b>	<b>33</b>	<b>861,790</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>36,491,441</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>35,679,353</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>812,088</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>35,126</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>847,214</b>

**Part XII Financial Statements and Reporting**

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

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

**2019**

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

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

**14** Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2018 Schedule A, Part II, line 14 15 %

**16a** **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,287	172,878	17,764,911	5,668,633	36,491,441	60,132,150
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	34,287	172,878	17,764,911	5,668,633	36,491,441	60,132,150
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						60,132,150

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6	34,287	172,878	17,764,911	5,668,633	36,491,441	60,132,150
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	34,287	172,878	17,764,911	5,668,633	36,491,441	60,132,150
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	100.00 %

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 (b) and (c) 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>2a</b>		
<b>b</b> Did the activities described in (a) 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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</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>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> 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)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			



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

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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 33<sup>1</sup>/<sub>3</sub>% 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	<b>BIG DOG RANCH RESCUE/HOLISTIC PET CUISINE</b> 14444 OKEECHOBEE BLVD LOXAHATCHEE GROVES FL 33470	\$ 4,600,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>MOBILE MIKE RADIO</b> 1940 TIGER TAIL BLVD, SUITE #15 DANIA BEACH FL 33004	\$ 4,160,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>OPENWORLDRELIEF.ORG</b> 5696 CROOKED ST BROADALBIN NY 12025	\$ 2,444,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>RAINCOAST TRADING LTD</b> 6361 103 ST JACKSONVILLE FL 32210	\$ 2,400,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>CURALEAF</b> 639 JULIE ST NEW ORLEANS LA 70130	\$ 1,945,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<b>JOLIE PAINT</b> 2221 CORPORATION BLVD NAPLES FL 34109	\$ 1,700,000	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**

**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	MEALS OF HOPE 1890 NE 150 ST N MIAMI FL 33181	\$ 1,650,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	SCOTT BAXTER 106-7950 HUSTON RD DELTA, BC .	\$ 1,572,031	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	212 PERFORMANCE 6445 MONTESSOURI ST LAS VEGAS NV 89113	\$ 1,200,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	KEMPER AUTO 8400 NW 36 ST, STE 180 MIAMI FL 33166	\$ 1,172,479	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	SPECIALTY AUTO LEASING 929 SW 8 ST POMPANO BEACH FL 33069	\$ 825,400	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	JNS FOODS 1401 N UNIVERSITY DR, #602 CORAL SPRINGS FL 33071	\$ 800,000	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**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PET FOOD & PET SUPPLIES	\$ 4,600,000	
2	CANNED GOODS, FIRST AID KITS	\$ 4,160,000	
3	WATER & SOLAR PANELS	\$ 2,444,000	
4	CANS OF SEAFOOD	\$ 2,400,000	
5	FOOD, BABY & CLEANING SUPPLIES	\$ 1,945,000	
6	PAINT SUPPLIES	\$ 1,700,000	



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
7	RELIEF MEALS	\$ 1,650,000	
8	HOME REPAIR KITS	\$ 1,572,031	
9	WORK GLOVES & SUPPLIES	\$ 1,200,000	
10	FOOD, WATER, BABY SUPPLIES	\$ 1,172,479	
11	TRUCKING & LOGISTICS	\$ 825,400	
12	2000 CASES FOOD PRODUCTS	\$ 800,000	

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

2019

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: Held at the End of the Tax Year. 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. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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: u \$. 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. b 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, (ii) Assets included in Form 990, Part X, 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, b Assets included in Form 990, Part X

**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 .....		<b>128,716</b>	<b>12,094</b>	<b>116,622</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....	<b>u</b>			<b>116,622</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments – Program Related.**

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

**Part IX Other Assets.**

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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
<b>PUERTO RICO-DISASTER RELIEF</b>			<b>PROGRAM SERVICE</b>	<b>DISASTER RELIEF SUPP</b>	<b>1,250,000</b>
<b>(1) BAHAMAS-HURRICANE DORIAN</b>			<b>PROGRAM SERVICE</b>	<b>DISASTER RELIEF SUPP</b>	<b>32,060,500</b>
<b>HAITI</b>			<b>PROGRAM SERVICE</b>	<b>DISASTER RELIEF SUPP</b>	<b>73,901</b>
<b>(3) VENEZUELA REFUGEE CRISIS</b>			<b>PROGRAM SERVICE</b>	<b>DISASTER RELIEF SUPP</b>	<b>51,313</b>
<b>(4) BOLIVIA-AMAZON WILDFIRES</b>			<b>PROGRAM SERVICE</b>	<b>DISASTER RELIEF SUPP</b>	<b>385,938</b>
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a Subtotal</b> .....					<b>33,821,652</b>
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)					<b>33,821,652</b>

**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 tax-exempt 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					33,821,652	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-DISASTER RELIEF	\$ 1,250,000	\$ 0
BAHAMAS-HURRICANE DORIAN	\$ 32,060,500	\$ 0
HAITI	\$ 73,901	\$ 0
VENEZUELA REFUGEE CRISIS	\$ 51,313	\$ 0
BOLIVIA-AMAZON WILDFIRES	\$ 385,938	\$ 0

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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.

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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						
<b>Total</b>						

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

.....

.....

.....

.....

.....

**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
		<b>FUNDRAISING REV</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	36,491,441		36,491,441
	2	Less: Contributions	36,491,441		36,491,441
	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)**

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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** .....

**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
<b>1 CA WILDFIRE GRANTS</b>		<b>1,245,451</b>			<b>RELOCATE GRANTS</b>
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**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 AFFECTED BY CALIFORNIA WILDFIRES IN THE FORM OF GRANTS TO INDIVIDUALS DISPLACED BY THE FIRES IN AMOUNTS LESS THAN \$5000 PER FAMILY FOR 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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:

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

**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:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>5a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>5b</b> |  | <b>X</b> |
- 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:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>6a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>6b</b> |  | <b>X</b> |
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**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)	163,926	0	0	0	0	163,926	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

**2019**

**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](http://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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( )	<b>X</b>	<b>1</b>	<b>33,025,903</b>	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

**29**

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?

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.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

**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 HURRICANES 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**GLOBAL EMPOWERMENT MISSION INC**

Employer identification number

**45-3782061**

**AMENDED RETURN EXPLANATION**

**THIS RETURN IS BEING AMENDED TO CORRECT THE ANSWERS TO QUESTIONS  
12A,12B,12C,13 AND 14 ON PAGE 6,SECTION B. QUESTION 2A & 2C ON PAGE 12,  
PART XII IS ALSO BEING CORRECTED.**

**GOODS TO HURRICANE VICTIMS AND OTHER NATURAL DISASTERS.**

**FORM 990, PART I, LINE 6**

**VOLUNTEERS COLLECTED, TRANSPORTED, WAREHOUSED AND DISTRIBUTED ALL DONATED  
GOODS TO HURRICANE VICTIMS.**

**DISASTERS.**

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

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

Name of the organization

Employer identification number

GLOBAL EMPOWERMENT MISSION INC

45-3782061

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  
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

Name of the organization

Employer identification number

**GLOBAL EMPOWERMENT MISSION INC**

**45-3782061**

**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 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS**

**THE OVERSIGHT PROCESS IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS.**



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](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2019**

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	<b>1,020,000</b>
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	<b>2,550,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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	<b>12,094</b>

**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 2019	17	<b>0</b>
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 2019 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life	(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
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	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>12,094</b>
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

GLOBAL EMPOWERMENT MISSION INC **OFFICER INFORMATION**

FYE: 12/31/2019

**GENERAL INFORMATION**

NAME: REID BOREN

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: 12/31/2019

**GENERAL INFORMATION**

NAME: ANDRES FANJUL

ADDRESS

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

**HOURS PER WEEK**

ORGANIZATION: 3.00  
 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: 12/31/2019

**GENERAL INFORMATION**

NAME: FELICIA MARQUEZ

ADDRESS

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

**HOURS PER WEEK**

ORGANIZATION: 30.00  
 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: 12/31/2019

GENERAL INFORMATION

NAME: OMAR ROSARIO

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:
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: 12/31/2019

**GENERAL INFORMATION**

NAME: VIOLET CAMACHO

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: 12/31/2019

**GENERAL INFORMATION**

NAME: ZOE NOUET ROBINS

ADDRESS

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

**HOURS PER WEEK**

ORGANIZATION: 30.00  
 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: 12/31/2019

**GENERAL INFORMATION**

NAME: WILLIAM H DEAN

ADDRESS

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

**HOURS PER WEEK**

ORGANIZATION: 3.00  
 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: 12/31/2019

**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: \_\_\_\_\_ 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: 12/31/2019

**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: \_\_\_\_\_

**OFFICER INFORMATION**

FYE: 12/31/2019

**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: 70.00  
 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: 163,926  
 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:  
 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 163,926  
 FUNDRAISING:

**INCOME ALLOCATION**

NET INVESTMENT:  
 ADJUSTED NET:  
 CHARITABLE PURPOSE:

**PROGRAM SERVICE ACCOMPLISHMENTS**

FIRST:  
 SECOND:  
 THIRD:  
 OTHER:

45-3782061

**CONTRIBUTOR INFORMATION**

FYE: 12/31/2019

**GENERAL INFORMATION**

NAME: BIG DOG RANCH RESCUE/HOLISTIC PET E-FILING TYPE: INDIVIDUAL  
 CUISINE DO NOT DISCLOSE  
 ADDRESS 14444 OKEECHOBEE BLVD NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: LOXAHATCHEE GROVES, FL 33470  
 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
		PET FOOD & PET SUPPLIES	\$600,000	4,600,000	OTHER (DEFAULT)

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: 12/31/2019

**GENERAL INFORMATION**

NAME: MOBILE MIKE RADIO E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 1940 TIGER TAIL BLVD, SUITE #1 NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: DANIA BEACH, FL 33004  
 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
		CANNED GOODS, FIRST AID KIT	1,160,000	4,160,000	OTHER (DEFAULT)

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: 12/31/2019

**GENERAL INFORMATION**

NAME: OPENWORLDRELIEF.ORG E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 5696 CROOKED ST NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: BROADALBIN, NY 12025  
 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
		WATER & SOLAR PANELS	2,444,000	2,444,000	OTHER (DEFAULT)

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: 12/31/2019

**GENERAL INFORMATION**

NAME: RAINCOAST TRADING LTD

E-FILING TYPE:

INDIVIDUAL

ADDRESS 6361 103 ST

DO NOT DISCLOSE  
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: JACKSONVILLE, FL 32210

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
		CANS OF SEAFOOD	2,400,000	2,400,000	FOOD INVENTORY

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: 12/31/2019

**GENERAL INFORMATION**

NAME: CURALEAF E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 639 JULIE ST NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: NEW ORLEANS, LA 70130  
 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
		FOOD, BABY & CLEANING SUPPLIES	1,945,000	1,945,000	OTHER (DEFAULT)

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 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: 12/31/2019

**GENERAL INFORMATION**

NAME: JOLIE PAINT E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 2221 CORPORATION BLVD NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: NAPLES, FL 34109  
 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
		PAINT SUPPLIES	1,700,000	1,700,000	OTHER (DEFAULT)

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: 12/31/2019

**GENERAL INFORMATION**

NAME: MEALS OF HOPE E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 1890 NE 150 ST NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: N MIAMI, FL 33181  
 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 MEALS	1,650,000	1,650,000	FOOD INVENTORY

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: 12/31/2019

**GENERAL INFORMATION**

NAME: SCOTT BAXTER E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 106-7950 HUSTON RD NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: DELTA, BC, .  
 FOREIGN COUNTRY: CANADA  
 FOREIGN STATE OR PROVINCE: BRITISH COLUMBIA

**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
		HOME REPAIR KITS	1,572,031	1,572,031	OTHER (DEFAULT)

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  
 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: 12/31/2019

**GENERAL INFORMATION**

NAME: 212 PERFORMANCE E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 6445 MONTESSOURI ST NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: LAS VEGAS, NV 89113  
 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
		WORK GLOVES & SUPPLIES	200,000	1,200,000	OTHER (DEFAULT)

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: 12/31/2019

**GENERAL INFORMATION**

NAME: KEMPER AUTO E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 8400 NW 36 ST, STE 180 NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: MIAMI, FL 33166  
 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
		FOOD, WATER, BABY SUPPLIES	72,479	1,172,479	OTHER (DEFAULT)

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: 12/31/2019

**GENERAL INFORMATION**

NAME: SPECIALTY AUTO LEASING

E-FILING TYPE:

INDIVIDUAL

ADDRESS 929 SW 8 ST

DO NOT DISCLOSE  
NAME AND ADDRESS?

NO

CITY, STATE ZIP CODE: POMPANO BEACH, FL 33069

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
		TRUCKING & LOGISTICS	825,400	825,400	OTHER (DEFAULT)

CHARITABLE CONTRIB? NO  
PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

**TRANSFER INFORMATION**

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:

**SCHEDULE A**

45-3782061

**CONTRIBUTOR INFORMATION**

FYE: 12/31/2019

**GENERAL INFORMATION**

NAME: JNS FOODS E-FILING TYPE: INDIVIDUAL  
 DO NOT DISCLOSE  
 ADDRESS 1401 N UNIVERSITY DR, #602 NAME AND ADDRESS? NO  
 CITY, STATE ZIP CODE: CORAL SPRINGS, FL 33071  
 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
		2000 CASES FOOD PRODUCT	800,000	800,000	FOOD INVENTORY

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**

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2019</b>
Description <b>FUNDRAISING REVENUE</b>		
Name <b>GLOBAL EMPOWERMENT MISSION INC</b>		Taxpayer Identification Number <b>45-3782061</b>

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.	<b>36,491,441</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>36,491,441</b>
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. <b>Total expenses.</b> Add lines 8 through 14	15.	_____
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>36,491,441</b>

**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	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

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

**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	_____
<b>Total Fundraising Expense</b>	_____

**Expense Details - Cost of Goods Sold:**

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

**Expense Details - Employment Expense:**

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

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____