Filing Instructions

GLOBAL EMPOWERMENT MISSION INC

Exempt Organization Tax Return

Taxable Year Ended December 31, 2024

Date Due: November 17, 2025

Remittance: None is required. Your Form 990 for the tax year ended 12/31/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

MALCOLM A. LEONARD CPA, P.A.
3810 HOLLYWOOD BLVD., STE. 3
HOLLYWOOD, FL 33021

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990**

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* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , and ending

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

C Name of organization
GLOBAL EMPOWERMENT MISSION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1850 NW 84TH AVENUE, SUITE 100

City or town, state or province, country, and ZIP or foreign postal code
DORAL FL 33126

D Employer identification number
45-3782061

E Telephone number
305-695-4410

G Gross receipts $ **162,831,267**

F Name and address of principal officer:
MICHAEL CAPPONI
2127 BRICKELL AVE
MIAMI FL 33129

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

J Website: **GLOBALEMPOWERMENTMISSION.ORG**

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **2011**

M State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE ORGANIZATION'S MISSION IS TO PROVIDE RAPID, EFFECTIVE, AND COMPASSIONATE RELIEF AID TO THE PEOPLE OF ALL GLOBAL REGIONS DISPLACED BY NATURAL DISASTERS AND INTERNATIONAL CONFLICTS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	93
6	Total number of volunteers (estimate if necessary)	6	2100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	162,911,585	161,787,315
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	227	940,665
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	162,911,812	162,727,980
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	122,618,890	165,916,029
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,460,670	5,490,879
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) **280,328**		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,724,787	14,419,274
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	131,804,347	185,826,182
19	Revenue less expenses. Subtract line 18 from line 12	31,107,465	-23,098,202

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	50,438,792	35,618,473
21	Total liabilities (Part X, line 26)	3,670,323	11,948,206
22	Net assets or fund balances. Subtract line 21 from line 20	46,768,469	23,670,267

Part II Signature Block

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

Sign Here

Signature of officer — Date

MICHAEL CAPPONI **FOUNDER-PRESIDENT**

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MALCOLM A. LEONARD	MALCOLM A. LEONARD	11/17/25		P00293123

Firm's name **MALCOLM A. LEONARD CPA, P.A.** Firm's EIN **59-2225363**

Firm's address **3810 HOLLYWOOD BLVD., STE. 3 HOLLYWOOD, FL 33021** Phone no. **954-962-5277**

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

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 RAPID, EFFECTIVE, AND COMPASSIONATE RELIEF AID TO THE PEOPLE OF ALL GLOBAL REGIONS DISPLACED BY NATURAL DISASTERS AND INTERNATIONAL CONFLICTS.

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 $ **35,000** including grants of $ **35,000**) (Revenue $)

PROVIDED RELIEF AID TO THE PEOPLE OF GLOBAL REGIONS AFFECTED BY NATURAL DISASTERS, INTERNATIONAL CONFLICTS, AS WELL AS DOMESTIC DISASTERS. RELIEF WAS PROVIDED IN THE UNITED STATES FOR CALIFORNIA FIRES, HAWAII & MAUI FIRES, U.S. TORNADOES, FLORIDA FLOODS & FIRES, LOUISIANA, CALIFORNIA AND NORTH CAROLINA FLOODS, AND OTHER COMMUNITIES IMPACTED. MAJOR FOREIGN ASSISTANCE FOR UKRAINE WAR, ISRAEL/GAZA CIVILIAN RELIEF, AND BRAZIL, POLAND, AND VALENCIA SPAIN DISASTERS AND JAPAN EARTHQUAKE, AS THE MAJOR FOREIGN ASSISTANCE.

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 $ **179,644,161** including grants of $ **165,916,029**) (Revenue $)

4e Total program service expenses **179,644,161**

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*	**1**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	**2**	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*	**3**		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		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*	**6**		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*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		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*	**9**		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*	**10**		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*	**11a**	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*	**11b**		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*	**11c**		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*	**11d**		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	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*	**11f**		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	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*	**12b**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**	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*	**14b**	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*	**15**	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*	**16**	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	**17**		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*	**18**		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*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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*	**21**	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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	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	1a	53		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	**93**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

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.

[X] 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.

MICHAEL CAPPONI 2127 BRICKELL AVE

MIAMI FL 33129 305-695-4410

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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									
CHAIR EMERITUS	0.00	X						0	0	0
(2) **ANDRES FANJUL**	10.00									
DIRECTOR	0.00	X						0	0	0
(3) **FELICIA MARQUEZ**	20.00									
DIRECTOR-VICE CHAIR	0.00	X						0	0	0
(4) **OMAR ROSARIO**	10.00									
DIRECTOR	0.00	X						0	0	0
(5) **VIOLET CAMACHO**	5.00									
DIRECTOR	0.00	X						0	0	0
(6) **ZOE ROBINS**	5.00									
DIRECTOR	0.00	X						0	0	0
(7) **WILLIAM H DEAN**	5.00									
DIRECTOR	0.00	X						0	0	0
(8) **JAY H PARK**	20.00									
DIRECTOR	0.00	X						0	0	0
(9) **MICHELLE DAVIS BOREN**	15.00									
DIRECTOR-SECRETARY	0.00	X						0	0	0
(10) **MICHAEL CAPPONI**	88.00									
FOUNDER-PRESIDENT	0.00	X		X				381,974	0	0
(11) **ROSY LEVY**	15.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) FRANCINE DELAROSA										
(12)	20.00									
DIRECTOR	0.00	X						0	0	0
(13) INDIA HICKS										
(13)	20.00									
DIRECTOR	0.00	X						0	0	0
(14) CHRISTOPHER HARDING										
(14)	20.00									
DIRECTOR	0.00	X						0	0	0
(15) MUBASHIR KAZI										
(15)	25.00									
BOARD CHAIRMAN	0.00	X						0	0	0
(16) GAR M. GOLDFARB										
(16)	10.00									
DIRECTOR	0.00	X						0	0	0
(17) NINA LESAVOY										
(17)	10.00									
DIRECTOR	0.00	X						0	0	0
(18) ERIC SMITH										
(18)	10.00									
DIRECTOR	0.00	X						0	0	0
(19)										
1b Subtotal								381,974		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								381,974		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **11**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MADE4NET	IT ANNUAL FEE	160,000
ZOMMA GROUP LLP	LEGAL & PROFESS	130,500
ADG STRATEGY GROUP INC	PUBLIC RELATION	115,000

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

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	28,969,197				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	132,818,118				
	g Noncash contributions included in lines 1a-1f	1g	$ 76,047,658				
	h **Total.** Add lines 1a–1f			161,787,315			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,043,952	49,527		994,425
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b	0 / 103,287				
	c Gain or (loss)	7c	-103,287				
	d Net gain or (loss)			-103,287	-103,287		
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			162,727,980	-53,760	0	994,425

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	35,000	35,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	103,002,531	103,002,531		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	62,878,498	62,878,498		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	381,974		381,974	
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	4,436,558	3,178,367	1,258,191	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	303,730		303,730	
10 Payroll taxes	368,617	243,394	125,223	
11 Fees for services (nonemployees):				
a Management	104,552	82,567	21,985	
b Legal	166,056		166,056	
c Accounting	120,130		120,130	
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	493,462		213,134	280,328
13 Office expenses	768,343		768,343	
14 Information technology	163,465		163,465	
15 Royalties				
16 Occupancy				
17 Travel	755,594	682,072	73,522	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	79,178		79,178	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	256,552		256,552	
23 Insurance	131,353		131,353	
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 **GLOBAL WAREHOUSE EXP PS**	10,027,577	9,541,732	485,845	
b **RENT**	1,237,841		1,237,841	
c **AUTO & TRUCK M/G**	94,673		94,673	
d **BANK CHARGES M/G**	20,498		20,498	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	185,826,182	179,644,161	5,901,693	280,328
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	34,189,924	1	12,461,124
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	5,804,531
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	19,231
	8	Inventories for sale or use	13,375,771	8	11,456,184
	9	Prepaid expenses and deferred charges		9	3,309,036
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,746,036			
	b	Less: accumulated depreciation — 10b: 488,417	1,000,921	10c	1,257,619
	11	Investments—publicly traded securities	28,155	11	51,496
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,844,021	15	1,259,252
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	50,438,792	16	35,618,473
Liabilities	17	Accounts payable and accrued expenses	1,374,823	17	6,606,816
	18	Grants payable		18	
	19	Deferred revenue		19	2,779,935
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23	Secured mortgages and notes payable to unrelated third parties	533,427	23	437,321
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,762,073	25	2,124,134
	26	**Total liabilities.** Add lines 17 through 25	3,670,323	26	11,948,206
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	46,768,469	27	11,505,471
	28	Net assets with donor restrictions		28	12,164,796
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	46,768,469	32	23,670,267
	33	Total liabilities and net assets/fund balances	50,438,792	33	35,618,473

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	162,727,980
2	Total expenses (must equal Part IX, column (A), line 25)	2	185,826,182
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,098,202
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,768,469
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,670,267

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
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	3b	X	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

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).)

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 on 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2024.** 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 — 2023.** 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 — 2024.** 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 — 2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,023,129	34,594,930	139,203,981	162,911,585	161,393,287	519,126,912
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					394,028	394,028
3 Gross receipts from activities that are not an unrelated trade or business under section 513		72,500			49,527	122,027
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	21,023,129	34,667,430	139,203,981	162,911,585	161,836,842	519,642,967
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						519,642,967

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	21,023,129	34,667,430	139,203,981	162,911,585	161,836,842	519,642,967
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			59	198	994,425	994,682
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			59	198	994,425	994,682
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	21,023,129	34,667,430	139,204,040	162,911,783	162,831,267	520,637,649

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.81 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** 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 — 2023.** 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in Part VI.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	Other distributions (*describe in Part VI*). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990) (Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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		$ 46,107,475	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 49,005,412	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 9,642,720	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 4,557,661	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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
2	RELIEF SUPPLIES	$ 49,005,412	
3	RELIEF SUPPLIES	$ 9,642,720	
4	RELIEF SUPPLIES	$ 4,557,661	
		$	
		$	
		$	

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

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.

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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 in Part XIII ☐

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 ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

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?	**3b**		

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				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (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)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (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)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (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)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (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) SHORT TERM OPERATING LEASE	999,630
(3) LINE OF CREDIT	975,814
(4) LONG TERM OPERATING LEASE	148,690
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	2,124,134

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.

1	Total revenue, gains, and other support per audited financial statements			1	162,727,980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	162,727,980
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	162,727,980

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.

1	Total expenses and losses per audited financial statements			1	185,826,182
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	185,826,182
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	185,826,182

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.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

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? [X] 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
ISRAEL (1)			PROGRAM SERVICE	DISASTER RELIEF SUPP	788,532
PALESTINE/GAZA (2)			PROGRAM SERVICE	DISASTER RELIEF SUPP	3,332,938
BRAZIL (3)			PROGRAM SERVICE	DISASTER RELIEF SUPP	343,436
JAMAICA (4)			PROGRAM SERVICE	DISASTER RELIEF SUPP	695,839
UKRAINE (5)	1		PROGRAM SERVICE	DISASTER RELIEF SUPP	56,301,896
MENA (6)			PROGRAM SERVICE	DISASTER RELIEF SUPP	571,411
BARBADOS (7)			PROGRAMSERVICE	DISASTER RELIEF SUPP	146,053
ST VINCENT (8)			PROGRAM SERVICE	DISASTER RELIEF SUPP	498,280
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1				62,678,385
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1				62,678,385

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)			HAITI	DISASTER AID	39,336		6,292	RELIEF SUPPLIES	
(2)			AMAZONIA	DISASTER AID	55,448		0	RELIEF SUPPLIES	
(3)			JAPAN	DISASTER AID	43,860		0	RELIEF SUPPLIES	
(4)			GRENADA	DISASTER AID	0		55,176	RELIEF SUPPLIES	
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities .....

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) SEE PART 1			62,955,300			RELIEF ASSIST	
(2) SEE PART 2			138,644		61,468	RELIEF ASSIST	
(3)	JAMAICA				191,253	RELIEF ASSIST	
(4)	MENA				571,411	RELIEF ASSIST	
(5)	BRAZIL				184,901	RELIEF ASSIST	
(6)	UKRAINE				1,818,044	RELIEF ASSIST	
(7)	ISRAEL				585,243	RELIEF ASSIST	
(8)	PALESTINE				73,528	RELIEF ASSIST	
(9)	BARBADOS				146,053	RELIEF ASSIST	
(10)	GRENADINE				498,280	RELIEF ASSIST	
(11)					0		
(12)					0		
(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 the 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 the 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 the 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 the 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 the 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 the 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
ISRAEL	$ 788,532	$ 0
PALESTINE/GAZA	$ 3,332,938	$ 0
BRAZIL	$ 343,436	$ 0
JAMAICA	$ 695,839	$ 0
UKRAINE	$ 56,301,896	$ 0
MENA	$ 571,411	$ 0
BARBADOS	$ 146,053	$ 0
ST VINCENT	$ 498,280	$ 0

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SPECIAL FORCES ASSOCIATION PO BOX 41436 FAYETTEVILLE NC 28309		501C19	35,000				DISASTER RELIEF SUPP
(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 .....

3 Enter total number of other organizations listed in the line 1 table .....

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	DOMESTIC DISASTER AID SUP			74,722,877		DIST BY GEM
2	PROJECT RELOCATION		28,192			
3	CASH CARDS		108,198			
4	FAMILY KITS		1,478,526			
5	ARTISAN PROGRAM		305,934			
6	HOUSING PROGRAM		16,043,072			
7	CONSTRUCTION PROJECTS		10,315,732			

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

PART IV - ADDITIONAL INFORMATION

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

SCHEDULE J
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
1	**MICHAEL CAPPONI**	(i)	381,974	0	0	0	0	381,974	0
	FOUNDER-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)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open To Public Inspection

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 (**RELIEF SUPPLIES**)	X	70	76,047,658	
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: **GLOBAL EMPOWERMENT MISSION INC**

Employer identification number: **45-3782061**

FORM 990, PART I, LINE 6
VOLUNTEERS COLLECTED, TRANSPORTED, WAREHOUSED AND DISTRIBUTED ALL DONATED GOODS TO VICTIMS OF HURRICANES AND OTHER NATURAL DISASTERS.

FORM 990, PART III - ADDITIONAL INFORMATION
LINE 4D - ALL OTHER ACCOMPLISHMENTS
PROVIDED RELIEF AID TO THE PEOPLE OF GLOBAL REGIONS AFFECTED BY NATURAL DISASTERS AND INTERNATIONAL CONFLICTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
PROVIDED RELIEF AID TO THE PEOPLE OF GLOBAL REGIONS AFFECTED BY NATURAL DISASTERS, INTERNATIONAL CONFLICTS, AS WELL AS DOMESTIC DISASTERS. RELIEF WAS PROVIDED IN THE UNITED STATES FOR CALIFORNIA FIRES, HAWAII & MAUI FIRES, U.S. TORNADOES, FLORIDA FLOODS & FIRES, LOUISIANA, CALIFORNIA AND NORTH CAROLINA FLOODS, AND OTHER COMMUNITIES IMPACTED. MAJOR FOREIGN ASSISTANCE FOR UKRAINE WAR, ISRAEL/GAZA CIVILIAN RELIEF, AND BRAZIL, POLAND, AND VALENCIA SPAIN DISASTERS AND JAPAN EARTHQUAKE, AS THE MAJOR FOREIGN ASSISTANCE.

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 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 UPON REQUEST.

FORM 990, PART XII - ADDITIONAL INFORMATION
QUESTION 2C : YES THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE OVERSIGHT PROCESS HAS NOT CHANGED DURING THE

SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GLOBAL EMPOWERMENT MISSION INC

Employer identification number

45-3782061

YEAR.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return

GLOBAL EMPOWERMENT MISSION INC

Identifying number

45-3782061

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 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 2025. 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	256,552

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 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	256,552
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	

THERE ARE NO AMOUNTS FOR PAGE 2

GEM GLOBAL EMPOWERMENT MISSION INC 11/17/2025 4:09 PM

45-3782061

Federal Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	OFFICE FURNITURE & FIXTURES	3/15/19	46,704				46,704	10	MO	S/L	22,573	5,892
2	MACHINERY & EQUIP	1/15/19	65,447				65,447	10	MO	S/L	32,724	6,544
3	COMPUTERS & SOFTWARE	1/15/19	16,566				16,566	10	MO	S/L	8,283	1,657
4	IMPROVEMENTS	3/30/20	2,120				2,120	15	MO	S/L	530	141
6	COMPUTER	5/27/20	1,486				1,486	5	MO	S/L	1,065	297
7	EQUIPMENT & MACHINERY	6/10/20	9,000				9,000	5	MO	S/L	6,450	1,800
8	APPLE LAPTOP	7/08/20	1,625				1,625	5	MO	S/L	1,137	325
9	COMPUTER	7/10/20	2,740				2,740	5	MO	S/L	1,918	548
10	WEBSITE UPGRADE	9/09/20	4,700				4,700	5	MO	S/L	3,133	940
11	COMPUTER-TMOBILE TEL	5/01/20	1,493				1,493	5	MO	S/L	1,095	298
12	WEBSITE UPGRADE	4/27/21	2,847				2,847	5	MO	S/L	1,518	570
13	IMPROVEMENTS	5/29/21	28,069				28,069	15	MO	S/L	4,834	1,871
14	OFFICE FURNITURE	4/30/21	18,057				18,057	7	MO	S/L	6,879	2,579
15	2015 TOYOTA FORKLIFT 8FBCU25	1/01/22	23,332				23,332	5	MO	S/L	9,333	2,333
	Out Of Service: 6/13/24											
16	2012 CROWN FORKLIFT S/N 1A337880	10/12/22	27,962				27,962	5	MO	S/L	6,991	5,592
17	2015 CROWN FORKLIFT S/N 1A350107	10/12/22	27,963				27,963	5	MO	S/L	6,991	5,592
18	2020 DODGE RAM PROMASTER	8/06/22	48,133				48,133	5	MO	S/L	13,638	9,626
19	2018 INTL 4300 SBA 4X2 S/N 68444	9/20/22	95,109				95,109	5	MO	S/L	23,777	19,022
20	2022 JEEP GLADIATOR SPORT	10/24/22	56,352				56,352	5	MO	S/L	13,149	11,270
21	2022 JEEP GRAND CHEROKEE	10/09/22	68,801				68,801	5	MO	S/L	17,200	6,880
	Out Of Service: 6/22/24											
22	2016 INTL 4300 S/N 80812	10/14/22	73,295				73,295	5	MO	S/L	18,324	14,659
23	2016 INTL 4300 S/N 29502	10/17/22	66,295				66,295	5	MO	S/L	15,469	13,259
24	2022 PALLET RACKING 160058	9/28/22	69,431				69,431	10	MO	S/L	8,679	6,943
25	PALLET RACKING HQ	8/29/22	187,918				187,918	10	MO	S/L	25,056	18,791
26	JUNGHEINRICH PALLET JACK	11/14/22	36,084				36,084	5	MO	S/L	8,420	7,216
27	2007 CROWN FORKLIFT SN 1A202104	1/01/22	11,666				11,666	5	MO	S/L	4,666	2,334
28	LEASEHOLD IMPROVEMENTS-HI WAI	9/01/23	87,422				87,422	10	MO	S/L	2,914	8,742
29	JEEP 2022	8/19/23	80,302				80,302	5	MO	S/L	5,353	16,061
30	DODGE RAM 2019	8/21/23	35,791				35,791	5	MO	S/L	2,386	3,579
	Out Of Service: 6/30/24											
31	JEEP 2023	8/21/23	38,216				38,216	5	MO	S/L	2,548	7,643
32	GMC PU 2017	9/02/23	46,103				46,103	5	MO	S/L	3,074	3,457
	Out Of Service: 6/30/24											
35	2024 JEEP WRANGLER RUBICON #803	6/17/24	63,389				63,389	5	MO	S/L	0	6,567
36	2024 JEEP WRANGLER RUBICON #367	6/17/24	59,389				59,389	5	MO	S/L	0	6,434
37	2025 ISUZU FTR 26' BOX TRUCK #0069	6/18/24	125,542				125,542	5	MO	S/L	0	13,600
38	2025 ISUZU FTR 26' BOX TRUCK #0071	6/18/24	125,542				125,542	5	MO	S/L	0	13,600
39	2025 BMW X5 #02443	6/22/24	82,075				82,075	5	MO	S/L	0	8,208
40	2024 DODGE RAM PROMASTER VAN #	8/13/24	59,833				59,833	5	MO	S/L	0	4,487
41	BOBCAT MODEL 820SU-9 FORKLIFT #	6/13/24	38,000				38,000	5	MO	S/L	0	4,117
42	BOBCAT MODEL 820SU-9 FORKLIFT #	6/13/24	38,000				38,000	5	MO	S/L	0	4,117
43	3 BOBCAT EDGE PALLET JACKS	6/13/24	10,200				10,200	5	MO	S/L	0	1,105
44	ELECTRIC SCISSORLIFT REFURB GEN	5/15/24	11,500				11,500	5	MO	S/L	0	1,438
45	LHI-ELECT HOMERUNS	8/14/24	12,565				12,565	2	MO	S/L	0	2,356
46	TENNANT T15C 36" FLOOR SCRUBBER	5/06/24	12,999				12,999	2	MO	S/L	0	4,062
	Total Other Depreciation		1,920,063				1,920,063				280,107	256,552
	Total ACRS and Other Depreciation		1,920,063				1,920,063				280,107	256,552
	Grand Totals		1,920,063				1,920,063				280,107	256,552
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,920,063				1,920,063				280,107	256,552

GEM GLOBAL EMPOWERMENT MISSION INC 11/17/2025 4:09 PM

45-3782061

AMT Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	OFFICE FURNITURE & FIXTURES	3/15/19	46,704				46,704	10	MO	S/L	22,573	5,892
2	MACHINERY & EQUIP	1/15/19	65,447				65,447	10	MO	S/L	32,724	6,544
3	COMPUTERS & SOFTWARE	1/15/19	16,566				16,566	10	MO	S/L	8,283	1,657
4	IMPROVEMENTS	3/30/20	2,120				2,120	15	MO	S/L	530	141
6	COMPUTER	5/27/20	1,486				1,486	5	MO	S/L	1,065	297
7	EQUIPMENT & MACHINERY	6/10/20	9,000				9,000	5	MO	S/L	6,450	1,800
8	APPLE LAPTOP	7/08/20	1,625				1,625	5	MO	S/L	1,137	325
9	COMPUTER	7/10/20	2,740				2,740	5	MO	S/L	1,918	548
10	WEBSITE UPGRADE	9/09/20	4,700				4,700	5	MO	S/L	3,133	940
11	COMPUTER-TMOBILE TEL	5/01/20	1,493				1,493	5	MO	S/L	1,095	298
12	WEBSITE UPGRADE	4/27/21	2,847				2,847	5	MO	S/L	1,518	570
13	IMPROVEMENTS	5/29/21	28,069				28,069	15	MO	S/L	4,834	1,871
14	OFFICE FURNITURE	4/30/21	18,057				18,057	7	MO	S/L	6,879	2,579
15	2015 TOYOTA FORKLIFT 8FBCU25	1/01/22	23,332				23,332	5	MO	S/L	9,333	2,333
	Out Of Service: 6/13/24											
16	2012 CROWN FORKLIFT S/N 1A337880	10/12/22	27,962				27,962	5	MO	S/L	6,991	5,592
17	2015 CROWN FORKLIFT S/N 1A350107	10/12/22	27,963				27,963	5	MO	S/L	6,991	5,592
18	2020 DODGE RAM PROMASTER	8/06/22	48,133				48,133	5	MO	S/L	13,638	9,626
19	2018 INTL 4300 SBA 4X2 S/N 68444	9/20/22	95,109				95,109	5	MO	S/L	23,777	19,022
20	2022 JEEP GLADIATOR SPORT	10/24/22	56,352				56,352	5	MO	S/L	13,149	11,270
21	2022 JEEP GRAND CHEROKEE	10/09/22	68,801				68,801	5	MO	S/L	17,200	6,880
	Out Of Service: 6/22/24											
22	2016 INTL 4300 S/N 80812	10/14/22	73,295				73,295	5	MO	S/L	18,324	14,659
23	2016 INTL 4300 S/N 29502	10/17/22	66,295				66,295	5	MO	S/L	15,469	13,259
24	2022 PALLET RACKING 160058	9/28/22	69,431				69,431	10	MO	S/L	8,679	6,943
25	PALLET RACKING HQ	8/29/22	187,918				187,918	10	MO	S/L	25,056	18,791
26	JUNGHEINRICH PALLET JACK	11/14/22	36,084				36,084	5	MO	S/L	8,420	7,216
27	2007 CROWN FORKLIFT SN 1A202104	1/01/22	11,666				11,666	5	MO	S/L	4,666	2,334
28	LEASEHOLD IMPROVEMENTS-HI WAI	9/01/23	87,422				87,422	10	MO	S/L	2,914	8,742
29	JEEP 2022	8/19/23	80,302				80,302	5	MO	S/L	5,353	16,061
30	DODGE RAM 2019	8/21/23	35,791				35,791	5	MO	S/L	2,386	3,579
	Out Of Service: 6/30/24											
31	JEEP 2023	8/21/23	38,216				38,216	5	MO	S/L	2,548	7,643
32	GMC PU 2017	9/02/23	46,103				46,103	5	MO	S/L	3,074	3,457
	Out Of Service: 6/30/24											
35	2024 JEEP WRANGLER RUBICON #803	6/17/24	63,389				63,389	5	MO	S/L	0	6,567
36	2024 JEEP WRANGLER RUBICON #367	6/17/24	59,389				59,389	5	MO	S/L	0	6,434
37	2025 ISUZU FTR 26' BOX TRUCK #0069	6/18/24	125,542				125,542	5	MO	S/L	0	13,600
38	2025 ISUZU FTR 26' BOX TRUCK #0071	6/18/24	125,542				125,542	5	MO	S/L	0	13,600
39	2025 BMW X5 #02443	6/22/24	82,075				82,075	5	MO	S/L	0	8,208
40	2024 DODGE RAM PROMASTER VAN #	8/13/24	59,833				59,833	5	MO	S/L	0	4,487
41	BOBCAT MODEL 820SU-9 FORKLIFT #	6/13/24	38,000				38,000	5	MO	S/L	0	4,117
42	BOBCAT MODEL 820SU-9 FORKLIFT #	6/13/24	38,000				38,000	5	MO	S/L	0	4,117
43	3 BOBCAT EDGE PALLET JACKS	6/13/24	10,200				10,200	5	MO	S/L	0	1,105
44	ELECTRIC SCISSORLIFT REFURB GEN	5/15/24	11,500				11,500	5	MO	S/L	0	1,438
45	LHI-ELECT HOMERUNS	8/14/24	12,565				12,565	2	MO	S/L	0	2,356
46	TENNANT T15C 36" FLOOR SCRUBBER	5/06/24	12,999				12,999	2	MO	S/L	0	4,062
	Total Other Depreciation		1,920,063				1,920,063				280,107	256,552
	Total ACRS and Other Depreciation		1,920,063				1,920,063				280,107	256,552
	Grand Totals		1,920,063				1,920,063				280,107	256,552
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		1,920,063				1,920,063				280,107	256,552

GEM GLOBAL EMPOWERMENT MISSION INC 11/17/2025 4:09 PM

45-3782061

Bonus Depreciation Report

FYE: 12/31/2024

Form 990, Page 1

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

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	OFFICE FURNITURE & FIXTURES	3/15/19	46,704	4,671	4,671
2	MACHINERY & EQUIP	1/15/19	65,447	6,545	6,545
3	COMPUTERS & SOFTWARE	1/15/19	16,566	1,656	1,656
4	IMPROVEMENTS	3/30/20	2,120	142	142
6	COMPUTER	5/27/20	1,486	124	124
7	EQUIPMENT & MACHINERY	6/10/20	9,000	750	750
8	APPLE LAPTOP	7/08/20	1,625	163	163
9	COMPUTER	7/10/20	2,740	274	274
10	WEBSITE UPGRADE	9/09/20	4,700	627	627
11	COMPUTER-TMOBILE TEL	5/01/20	1,493	100	100
12	WEBSITE UPGRADE	4/27/21	2,847	569	569
13	IMPROVEMENTS	5/29/21	28,069	1,872	1,872
14	OFFICE FURNITURE	4/30/21	18,057	2,580	2,580
15	2015 TOYOTA FORKLIFT 8FBCU25	1/01/22	23,332	0	0
16	2012 CROWN FORKLIFT S/N 1A337880	10/12/22	27,962	5,592	5,592
17	2015 CROWN FORKLIFT S/N 1A350107	10/12/22	27,963	5,593	5,593
18	2020 DODGE RAM PROMASTER	8/06/22	48,133	9,627	9,627
19	2018 INTL 4300 SBA 4X2 S/N 68444	9/20/22	95,109	19,022	19,022
20	2022 JEEP GLADIATOR SPORT	10/24/22	56,352	11,271	11,271
21	2022 JEEP GRAND CHEROKEE	10/09/22	68,801	0	0
22	2016 INTL 4300 S/N 80812	10/14/22	73,295	14,659	14,659
23	2016 INTL 4300 S/N 29502	10/17/22	66,295	13,259	13,259
24	2022 PALLET RACKING 160058	9/28/22	69,431	6,943	6,943
25	PALLET RACKING HQ	8/29/22	187,918	18,792	18,792
26	JUNGHEINRICH PALLET JACK	11/14/22	36,084	7,217	7,217
27	2007 CROWN FORKLIFT SN 1A202104	1/01/22	11,666	2,333	2,333
28	LEASEHOLD IMPROVEMENTS-HI WAREH(	9/01/23	87,422	8,742	8,742
29	JEEP 2022	8/19/23	80,302	16,060	16,060
30	DODGE RAM 2019	8/21/23	35,791	0	0
31	JEEP 2023	8/21/23	38,216	7,643	7,643
32	GMC PU 2017	9/02/23	46,103	0	0
35	2024 JEEP WRANGLER RUBICON #80356	6/17/24	63,389	12,678	12,678
36	2024 JEEP WRANGLER RUBICON #36795	6/17/24	59,389	11,877	11,877
37	2025 ISUZU FTR 26' BOX TRUCK #00696	6/18/24	125,542	25,109	25,109
38	2025 ISUZU FTR 26' BOX TRUCK #00714	6/18/24	125,542	25,109	25,109
39	2025 BMW X5 #02443	6/22/24	82,075	16,415	16,415
40	2024 DODGE RAM PROMASTER VAN #2160	8/13/24	59,833	11,967	11,967
41	BOBCAT MODEL 820SU-9 FORKLIFT #0044	6/13/24	38,000	7,600	7,600
42	BOBCAT MODEL 820SU-9 FORKLIFT #0044	6/13/24	38,000	7,600	7,600
43	3 BOBCAT EDGE PALLET JACKS	6/13/24	10,200	2,040	2,040
44	ELECTRIC SCISSORLIFT REFURB GENIE 2(	5/15/24	11,500	2,300	2,300
45	LHI-ELECT HOMERUNS	8/14/24	12,565	6,283	6,283
46	TENNANT T15C 36" FLOOR SCRUBBER	5/06/24	12,999	6,500	6,500
	Total Other Depreciation		1,920,063	302,304	302,304
	Total ACRS and Other Depreciation		1,920,063	302,304	302,304
	Grand Totals		1,920,063	302,304	302,304

OFFICER INFORMATION

FYE: 12/31/2024

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 CHAIR EMERITUS
OFFICER TYPE INDIVIDUAL

COMPENSATION	**ORGANIZATION**	**RELATED**
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: ANDRES FANJUL

ADDRESS

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

HOURS PER WEEK
ORGANIZATION: 10.00
RELATED:

CONTACT
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

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

COMPENSATION	ORGANIZATION	RELATED
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: FELICIA MARQUEZ

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-VICE CHAIR
OFFICER TYPE INDIVIDUAL

COMPENSATION	ORGANIZATION	RELATED
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

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

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: VIOLET CAMACHO

ADDRESS

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

HOURS PER WEEK
ORGANIZATION: 5.00
RELATED:

CONTACT
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

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

COMPENSATION	ORGANIZATION	RELATED
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: ZOE ROBINS

ADDRESS

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

HOURS PER WEEK
ORGANIZATION: 5.00
RELATED:

CONTACT
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

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

COMPENSATION	**ORGANIZATION**	**RELATED**
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: WILLIAM H DEAN

ADDRESS

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

HOURS PER WEEK
ORGANIZATION: 5.00
RELATED:

CONTACT
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

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

COMPENSATION	ORGANIZATION	RELATED
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: JAY H PARK

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

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: MICHELLE DAVIS 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-SECRETARY
OFFICER TYPE INDIVIDUAL

COMPENSATION	**ORGANIZATION**	**RELATED**
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION

NAME: MICHAEL CAPPONI

ADDRESS 2127 BRICKELL AVE

CITY, STATE ZIP CODE: MIAMI, FL 33129
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 88.00
RELATED:

CONTACT

PRINCIPAL? YES
SIGNATURE? YES
USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER
BOOKS IN CARE? NO
FORMER? NO
TITLE FOUNDER-PRESIDENT
OFFICER TYPE INDIVIDUAL

COMPENSATION	ORGANIZATION	RELATED
BASE:	381,974	
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR UNRELATED BUSINESS:
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: 381,974
FUNDRAISING:

INCOME ALLOCATION

NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: ROSY LEVY

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

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: FRANCINE DELAROSA

ADDRESS

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

HOURS PER WEEK
ORGANIZATION: 20.00
RELATED:

CONTACT
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

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

COMPENSATION	**ORGANIZATION**	**RELATED**
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: INDIA HICKS

ADDRESS

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

HOURS PER WEEK
ORGANIZATION: 20.00
RELATED:

CONTACT
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

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

COMPENSATION	**ORGANIZATION**	**RELATED**
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: CHRISTOPHER HARDING

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

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: MUBASHIR KAZI

ADDRESS

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

HOURS PER WEEK
ORGANIZATION: 25.00
RELATED:

CONTACT
PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

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

COMPENSATION	ORGANIZATION	RELATED
BASE:		
BONUS/INCENTIVE:		
OTHER:		
RETIREMENT/DEFERRED BENEFITS:		
OTHER COMP/NONTAXABLE:		

SCHEDULE J	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: GAR M. GOLDFARB

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

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: NINA LESAVOY

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

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

OFFICER INFORMATION

FYE: 12/31/2024

GENERAL INFORMATION
NAME: ERIC SMITH

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

SCHEDULE J	**ORGANIZATION**	**RELATED**
NONTAXABLE BENEFITS:		
PRIOR YEAR:		

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

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

SCHEDULE K
TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION
PROGRAM SERVICE:
MANAGEMENT & GENERAL:
FUNDRAISING:

INCOME ALLOCATION
NET INVESTMENT:
ADJUSTED NET:
CHARITABLE PURPOSE:

PROGRAM SERVICE ACCOMPLISHMENTS
FIRST:
SECOND:
THIRD:
OTHER:

CONTRIBUTOR INFORMATION

GENERAL INFORMATION

NAME: THE HOWARD G BUFFETT FOUNDATION
ADDRESS 1053 W ROTARY WAY, SUITE A
CITY, STATE ZIP CODE: DECATUR, IL 62521
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

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

CONTRIBUTIONS

CASH CONTRIBUTION: 46,107,475
FUNDRAISING PORTION:
TYPE: PERSON

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

OTHER INFORMATION

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

DISREGARD ON SCH B? NO

TRANSFER INFORMATION

NAME:

E-FILING TYPE: INDIVIDUAL
ADDRESS

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

SCHEDULE A

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

CONTRIBUTOR INFORMATION

GENERAL INFORMATION

NAME: HASBRO
E-FILING TYPE: BUSINESS
DO NOT DISCLOSE
ADDRESS 1027 NEWPORT AVE NAME AND ADDRESS? YES

CITY, STATE ZIP CODE: PAWTUCKET, RI 02861
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:
FUNDRAISING PORTION:
TYPE: PERSON

OTHER INFORMATION

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

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	49,005,412	49,005,412	

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

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
E-FILING TYPE: INDIVIDUAL
ADDRESS

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

SCHEDULE A

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

CONTRIBUTOR INFORMATION

GENERAL INFORMATION

NAME: AVON
E-FILING TYPE: BUSINESS
DO NOT DISCLOSE
ADDRESS ONE LIBERTY PLAZA
NAME AND ADDRESS? YES

CITY, STATE ZIP CODE: NEW YORK, NY 10006
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION:
FUNDRAISING PORTION:
TYPE: PERSON

OTHER INFORMATION

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

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	9,642,720	9,642,720	

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

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
E-FILING TYPE: INDIVIDUAL
ADDRESS

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

SCHEDULE A

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

CONTRIBUTOR INFORMATION

GENERAL INFORMATION

NAME: GOOD360
ADDRESS: 625 N WASHINGTON ST SUITE 324
CITY, STATE ZIP CODE: ALEXANDRIA, VA 22314
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

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

CONTRIBUTIONS

CASH CONTRIBUTION:
FUNDRAISING PORTION:
TYPE: PERSON

OTHER INFORMATION

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

NON-CASH CONTRIBUTIONS:

DATE RECEIVED	FUNDRAISING EVENT	DESCRIPTION	NONCASH VALUE	FMV	TYPE OF PROPERTY
		RELIEF SUPPLIES	4,557,661	4,557,661	

CHARITABLE CONTRIB? NO
PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

DISREGARD ON SCH B? NO

TRANSFER INFORMATION

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

SCHEDULE A

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

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST INCOME	$ 971,084		18			
TOTAL	$ 971,084					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
DIVIDEND INCOME	$ 23,341		18			
TOTAL	$ 23,341					

Federal Statements

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	$ 971,084
DIVIDEND INCOME	23,341
TOTAL	$ 994,425