

CLIFTONLARSONALLEN LLP
2210 EAST ROUTE 66
GLENORA, CA 91740

GLOBAL GENES
28 ARGONAUT, SUITE 140 & 150
ALISO VIEJO, CA 92656



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CLIENT'S COPY



Global Genes
28 Argonaut, Suite 140 & 150
Aliso Viejo, CA 92656
Attention: Peter Pellizzon

Dear Peter:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by November 15, 2021 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$150, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial

accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.

- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP
CLAconnect.com

GLOBAL GENES
FORM 990 INCOME TAX RETURN
FOR YEAR ENDED DECEMBER 31, 2020

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

GLOBAL GENES

26-3331487

Name and title of officer or person subject to tax

**PETER PELLIZZON
CHAIRMAN**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,567,077.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 31487
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

9540525902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature TINA HENTON Date 11/11/21

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GLOBAL GENES		D Employer identification number 26-3331487
	Doing business as		E Telephone number (949) 248-7273
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,567,077.
	28 ARGONAUT, SUITE 140 & 150		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ALISO VIEJO, CA 92656		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CRAIG MARTIN SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ GLOBALGENES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2008	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INCREASE PUBLIC AWARENESS FOR RARE DISEASE AND GLOBALLY CONNECT, EMPOWER AND EDUCATE INDIVIDUALS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,297,898.	Current Year 3,867,120.
	9 Program service revenue (Part VIII, line 2g)	1,667,194.	1,688,650.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,101.	11,307.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,988,193.	5,567,077.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	695,910.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,036,801.	2,608,063.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 96,764.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,731,996.	1,954,972.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,464,707.	5,166,425.
19 Revenue less expenses. Subtract line 18 from line 12	523,486.	400,652.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,925,050.	End of Year 3,087,118.
	21 Total liabilities (Part X, line 26)	1,283,097.	1,044,513.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,641,953.	2,042,605.

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			
	PETER PELLIZZON, CHAIRMAN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TINA HENTON	Preparer's signature TINA HENTON	Date 11/11/21	Check if self-employed <input type="checkbox"/>	PTIN P00630282
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. (626) 857-7300		
	Firm's address ▶ 2210 EAST ROUTE 66 GLENORA, CA 91740				

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: GLOBAL GENES' MISSION IS TO CONNECT, EMPOWER AND INSPIRE THE RARE DISEASE COMMUNITY.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,417,753. including grants of \$ 603,390.) (Revenue \$ 1,688,650.) OUTREACH SERVICES PROVIDE CAPACITY BUILDING EDUCATIONAL AND CONNECTIVE NETWORKING OPPORTUNITIES TO PATIENTS, CAREGIVERS AND DISEASE FOUNDATIONS VIA IN PERSON MEETINGS, PRINT AND ONLINE TOOLS AND ONLINE EDUCATION.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,417,753.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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 22	
b Enter the number of Forms W-2G included in 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	11	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	9	
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in 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?		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 **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **FOHRMAN & FOHRMAN - (949) 458-0836**
30071 TOMAS, STE 250, RANCHO SANTA MARGARITA, CA 92688

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIMBERLY HAUGSTAD (TERM END 10/ CEO (FORMER)	40.00						X	317,847.	0.	0.
(2) PAM FERRIS VP DEVELOPMENT & MARKETING	40.00				X			192,019.	0.	0.
(3) CHRISTIAN RUBIO VP STRATEGIC ADVANCEMENT	40.00				X			188,417.	0.	0.
(4) NICOLE BOICE FOUNDER	40.00	X		X				159,410.	0.	0.
(5) MARY K O'CONNOR DIR. CORPORATE ENG	40.00					X		150,000.	0.	0.
(6) SUSAN BRISENDINE DIR. ENGAGEMENT PROGRAMS	40.00					X		120,887.	0.	0.
(7) MELISSA STRODTBECK FIN. DIRECTOR	40.00			X				94,739.	0.	0.
(8) CRAIG MARTIN (TERM START 10/25) CEO (NEW)	40.00	X		X				35,000.	0.	0.
(9) CAROLINE LOEWY DIRECTOR	1.00	X		X				0.	0.	0.
(10) JOHN CROWLEY DIRECTOR	1.00	X						0.	0.	0.
(11) HUGH HEMPEL DIRECTOR	1.00	X						0.	0.	0.
(12) PETER PELLIZZON TREASURER	1.00	X		X				0.	0.	0.
(13) BRAD MARGUS DIRECTOR	1.00	X						0.	0.	0.
(14) CHRISTINA M. HARTMAN DIRECTOR	1.00	X						0.	0.	0.
(15) KATIE STEVENS DIRECTOR	1.00	X						0.	0.	0.
(16) NEIL KUMAR DIRECTOR	1.00	X						0.	0.	0.
(17) INDU NAVAR DIRECTOR	1.00	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							1,258,319.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,258,319.	0.	0.	

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 **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEVINE MEDIA GROUP 21 KINGSTON RD, KESINGTON, CA 94707	EDITORIAL SERVICES	127,260.

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 **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	285,247.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,581,873.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,867,120.			
Program Service Revenue	2 a MEMBERSHIP FEES	Business Code	900099	1,415,650.	1,415,650.		
	b CONFERENCE SPONSORSHIP		900099	273,000.	273,000.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,688,650.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,307.		11,307.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			5,567,077.	1,688,650.	0.	11,307.	

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 ...	529,000.	529,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	69,390.	69,390.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,000.	5,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	793,022.	724,863.	63,002.	5,157.
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	1,621,428.	1,280,507.	316,043.	24,878.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	193,613.	161,623.	29,560.	2,430.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,200.	900.	2,300.	
c Accounting				
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 Sch. O.)	83,369.	69,595.	12,728.	1,046.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	117,403.	98,005.	17,925.	1,473.
17 Travel	110,533.	105,745.	3,582.	1,206.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	368.		368.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,401.	57,934.	10,596.	871.
23 Insurance	15,028.	10,205.	4,670.	153.
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 OUTSIDE SERVICES	662,820.	610,059.	24,766.	27,995.
b COMPUTER AND SOFTWARE	256,297.	155,268.	74,321.	26,708.
c SUPPLIES	217,957.	204,096.	12,012.	1,849.
d PROGRAM AWARENESS	94,381.	94,171.		210.
e All other expenses	324,215.	241,392.	80,035.	2,788.
25 Total functional expenses. Add lines 1 through 24e	5,166,425.	4,417,753.	651,908.	96,764.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,405,810.	1	2,535,442.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	147,808.	3	109,012.
	4 Accounts receivable, net	6,910.	4	44,324.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,320.	8	4,299.
	9 Prepaid expenses and deferred charges	196,590.	9	302,977.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 294,220.		
	b Less: accumulated depreciation	10b 213,143.	150,625.	10c 81,077.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,987.	15	9,987.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,925,050.	16	3,087,118.	
Liabilities	17 Accounts payable and accrued expenses	322,199.	17	66,213.
	18 Grants payable		18	
	19 Deferred revenue	725,611.	19	826,214.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	235,287.	25	152,086.
	26 Total liabilities. Add lines 17 through 25	1,283,097.	26	1,044,513.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,494,144.	27	1,933,593.
	28 Net assets with donor restrictions	147,809.	28	109,012.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,641,953.	32	2,042,605.
	33 Total liabilities and net assets/fund balances	2,925,050.	33	3,087,118.

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	5,567,077.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,166,425.
3	Revenue less expenses. Subtract line 2 from line 1	3	400,652.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,641,953.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,042,605.

Part XII Financial Statements and Reporting

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

- 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 in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization **GLOBAL GENES** Employer identification number **26-3331487**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3892521.	4076960.	4955803.	5297898.	3581873.	21805055.
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	3892521.	4076960.	4955803.	5297898.	3581873.	21805055.
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)						2996201.
6 Public support. Subtract line 5 from line 4.						18808854.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3892521.	4076960.	4955803.	5297898.	3581873.	21805055.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,250.	23,101.	11,307.	35,658.
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						21840713.
12 Gross receipts from related activities, etc. (see instructions)					12	1,688,650.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	86.12 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	89.50 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

GLOBAL GENES

Employer identification number

26-3331487

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization GLOBAL GENES	Employer identification number 26-3331487
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALEXION 100 COLLEGE STREET NEW HAVEN, CT 06510	\$ 592,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AVEXIS, INC. 2275 HALF DAY ROAD, SUITE 200 BANNOCKBURN, IL 60015	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BIOGEN US 133 BOSTON POST ROAD WESTIN, MA 02493	\$ 79,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BIOMARIN 105 DIGITAL DRIVE NOVATO, CA 94949	\$ 129,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BLUEBIRD BIO, INC. 60 BINNEY ST CAMBRIDGE, MA 02142	\$ 81,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	EVERSANA 190 N. MILWAUKEE ST. MILWAUKEE, WI 53202	\$ 104,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL GENES	Employer identification number 26-3331487
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GENENTECH, INC 1 DNA WAY SAN FRANCISCO, CA 94080	\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GREENWICH BIOSCI 5750 FLEET STREET, SUITE 200 CARLSBAD, CA 92008	\$ 108,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HORIZON PHARMA USA, INC. 1 HORIZON WAY DEERFIELD, IL 60015	\$ 366,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ILLUMINA, INC. 5200 ILLUMINA WAY SAN DIEGO, CA 92122	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	OMNICOM MEDIA GROUP 195 BROADWAY, 8TH FLOOR NEW YORK, NY 10007	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	PFIZER 235 EAST 42ND STREET NEW YORK, NY 10017	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL GENES	Employer identification number 26-3331487
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>RETROPHIN, INC.</u> <u>3721 VALLEY CENTRE DR. #200</u> <u>SAN DIEGO, CA 92130</u>	\$ <u>246,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<u>SILICON VALLEY COMMUNITY</u> <u>2440 WEST EL CAMINO REAL, SUITE 300</u> <u>MOUNTAIN VIEW, CA 94040</u>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<u>TAKEDA PHARMACEUTICALS</u> <u>730 STOCKTON DRIVE</u> <u>EXTON, PA 19341</u>	\$ <u>95,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<u>UCB, INC.</u> <u>1950 LAKE PARK DRIVE</u> <u>SMYRNA, GA 30080</u>	\$ <u>77,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<u>ULTRAGENYX PHARMACEUTICAL INC.</u> <u>60 LEVERONI CT.</u> <u>NOVATO, CA 94949</u>	\$ <u>221,314.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL GENES	Employer identification number 26-3331487
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization GLOBAL GENES	Employer identification number 26-3331487
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

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

2020

Open to Public Inspection

Name of the organization **GLOBAL GENES** Employer identification number **26-3331487**

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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? <input type="checkbox"/> | 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		10,314.	10,216.	98.
d Equipment		260,275.	183,855.	76,420.
e Other		23,631.	19,072.	4,559.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				81,077.

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

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

Part IX Other Assets.

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

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

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) ACCRUED LIABILITIES	152,086.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	152,086.

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	5,567,077.
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	0.
3	Subtract line 2e from line 1	3	5,567,077.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,567,077.

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	5,166,425.
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	0.
3	Subtract line 2e from line 1	3	5,166,425.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,166,425.

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 X, LINE 2:

THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS OR ANY RELATED INTEREST OR PENALTIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **GLOBAL GENES** Employer identification number **26-3331487**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADRENAL INSUFFICIENCY UNITED P.O. BOX 72407 SPRINGFIELD, OR 97475	45-4624912		15,000.	0.			COC GRANT
ADVANCING SICKLE CELL ADVOC PROJ. INC - P.O. BOX 813215 - HOLLYWOOD, FL 33081	47-4705477		5,000.	0.			COC GRANT
ALS RIDE FOR LIFE STONY BROOK HSC, LEVEL 2, ROOM 106 STONY BROOK, NY 11794	11-3479051		20,000.	0.			COC GRANT
ANGELMAN SYNDROME FOUNDATION 3015 E. NEW YORK STREET SUITE A2 #2 AURORA, IL 60504	59-3092842		20,000.	0.			COC GRANT
ASSOC. PUERTORRIQUENA DE HEMOFILIA PMB 633, P.O. BOX 29005 SAN JUAN, PR 00929	66-0559280		10,000.	0.			COC GRANT
AVERY'S HOPE P.O. BOX 256 NEW HOPE, PA 18938	82-0872653		5,000.	0.			COC GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **41.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELSEA'S HOPE POST OFFICE BOX 348626 SACRAMENTO, CA 95834	27-1008382		5,000.	0.			COC GRANT
CHILD NEUROLOGY FOUNDATION 601 W. SHORT STREET LEXINGTON, KY 40508	22-2678594		10,000.	0.			COC GRANT
CLOVES SYNDROME COMMUNITY PO BOX 406 WEST KENNEBUNK, ME 04094	45-3056921		15,000.	0.			COC GRANT
CUREGRIN FOUNDATION 9593 MERRYVALE COURT PARKER, CO 80134	83-4658977		15,000.	0.			COC GRANT
DREAMSICKLE KIDS FOUNDATION 1275 SAND CASTLE AVE LAS VEGAS, NV 89183	82-4557748		5,000.	0.			COC GRANT
FACTOR-H 7917 HOLLYWOOD BLVD LOS ANGELES, CA 90046	82-5395108		15,000.	0.			COC GRANT
FAMILIESCN2A FOUNDATION P.O. BOX 82 EAST LONGMEADOW, MA 01028	47-3169795		20,000.	0.			COC GRANT
FIGHTING FOR KAIDEN FOUNDATION, INC - PO BOX 386 - LINTHICUM, MD 21090	47-5391762		15,000.	0.			COC GRANT
GRIN2B FOUNDATION PO BOX 481223 NILES, IL 60714	82-1499966		15,000.	0.			COC GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMOPHILIA FOUNDATION OF SO. CA. 959 E WALNUT ST #114 PASADENA, CA 91106	95-1916053		20,000.	0.			COC GRANT
ILLINOIS SPINA BIFIDA ASSOCIATION 2211 N OAK PARK AVE CHICAGO, IL 60707	23-7062317		20,000.	0.			COC GRANT
LIFE AND FAMILY FOUNDATION, VA 10509 PATTERSON AVE UNIT 29912 HENRICO, VA 23242	84-3953425		5,000.	0.			COC GRANT
LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912	27-0917237		5,000.	0.			FAIR IMPACT GRAMT
MILES FOR CYSTIC FIBROSIS INC P.O. BOX 2984 TUCKER, GA 30085	26-4020016		20,000.	0.			COC GRANT
MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - BLOOMINGTON, CA 92316	65-1262256		20,000.	0.			COC GRANT
MISSION CURE 245 W 107TH ST APT 15A NEW YORK, NY 10025	84-3043384		5,000.	0.			FAIR IMPACT GRAMT
MITOACTION P.O. BOX 310 NOVI, MI 48376	55-0899427		20,000.	0.			COC GRANT
NATIONAL GAUCHER INC. 5410 EDSON LANE SUITE 220 ROCKVILLE, MA 20852	52-1350226		5,000.	0.			FAIR IMPACT GRAMT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PKU NEWS 6869 WOODLAWN AVE NE 116 SEATTLE, WA 98115	94-3098601		20,000.	0.			COC GRANT
SATB2 GENE FOUNDATION 3050 FIVE FORKS TRICKUM RD D5 LILBURN, GA 30047	82-3474637		12,500.	0.			COC GRANT
SICKLE CELL DISEASE ASSOC OF AMERICA - 7240 PARKWAY DRIVE, SUITE 180 - HANOVER, MD 21076	23-7175985		20,000.	0.			COC GRANT
SOUTH CENTRAL PENNSYLVANIA SICKLE CELL COUNCIL - 2000 LINGLESTOWN RD # 103 - HARRISBURG, PA 17110	25-1750370		20,000.	0.			COC GRANT
TEAM TELOMERE 1562 FIRST AVE 205 NEW YORK, NY 10028	26-3776187		7,500.	0.			COC GRANT
THE BRAIN RECOVERY PROJECT 969 COLORADO BLVD 101 LOS ANGELES, CA 90041	45-2571898		20,000.	0.			COC GRANT
THE XLH NETWORK, INC. 911 CENTRAL AVE, ALBANY, NY 12206	20-2441942		15,000.	0.			COC GRANT
UNITED MITOCHONDRIAL DISEASE FOUNDATION - 8085 SALTSBURG ROAD, SUITE 20 - PITTSBURGH, PA 15239	25-1767180		5,000.	0.			FAIR IMPACT GRANT
WHITE SUTTON SYNDROME FOUNDATION PO BOX 591 BROKEN ARROW, OK 74103	82-5373486		5,000.	0.			COC GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WM. E. PROUDFORD SICKLE CELL FUND POST OFFICE BOX 979 DOVER, DE 19904	81-0679590		15,000.	0.			COC GRANT

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP PATIENT ADVOCACY	109	69,390.	0.		

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

PART I, LINE 2:

SCHOLARSHIPS/PRIZES DO NOT REQUIRE MONITORING, AS THERE ARE NO ONGOING
CONDITIONS AFTER IT HAS BEEN AWARDED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **GLOBAL GENES** Employer identification number: **26-3331487**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIMBERLY HAUGSTAD (TERM END 10/ CEO (FORMER)	(i)	272,847.	45,000.	0.	0.	0.	317,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAM FERRIS VP DEVELOPMENT & MARKETING	(i)	182,019.	10,000.	0.	0.	0.	192,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTIAN RUBIO VP STRATEGIC ADVANCEMENT	(i)	188,417.	0.	0.	0.	0.	188,417.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICOLE BOICE FOUNDER	(i)	159,410.	0.	0.	0.	0.	159,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

PART I, LINE 4A:

NICOLE BOICE WAS PAID A \$111,900 SEVERANCE PAYMENT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

GLOBAL GENES

Employer identification number

26-3331487

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND RARE DISEASE FOUNDATIONS IN PERSON, PRINT AND ONLINE.

FORM 990, PART VI, SECTION A, LINE 2:

TIM O'CONNOR/NPSS CORPORATION - HUSBAND OF KATHY O'CONNOR, EMPLOYEE

RAY SOTO/NPSS CORPORATION - EX-HUSBAND OF KRISTIN SOTO, EMPLOYEE

CHARLES MCLAUGHLIN DESIGNS - FATHER OF MOLLIE MCLAUGHLIN, EMPLOYEE

COLIN ROWE - SON OF FORMER EMPLOYEE ANGIE ROWE

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - FORM 990 IS SENT TO ALL BOARD OF DIRECTORS MEMBERS

FOR THEIR REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD OF DIRECTORS MEMBERS ARE REQUIRED TO FILE A SIGNED CONFLICT OF

INTEREST AGREEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD REVIEWS AND APPROVES BY VOTE ALL OTHER OFFICER'S SALARIES ON AN

ANNUAL BASIS DURING CLOSED SESSION OF THE FIRST BOARD OF DIRECTORS MEETING

OF THE YEAR

BOARD REVIEWS AND APPROVES BY VOTE ALL EXECUTIVE SALARIES ON AN ANNUAL

BASIS DURING CLOSED SESSION OF THE FIRST BOARD OF DIRECTORS MEETING OF THE

YEAR

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

GLOBAL GENES

Employer identification number

26-3331487

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE ON ITS OWN WEBSITE.

Multiple horizontal lines for additional text entry.

California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **GLOBAL GENES** California corporation number: **3159463**

Additional information. See instructions. FEIN: **26-3331487**

Street address (suite or room): **28 ARGONAUT, SUITE 140 & 150** PMB no. _____

City: **ALISO VIEJO** State: **CA** ZIP code: **92656**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,699,957	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	3,867,120	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	5,567,077	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	5,567,077	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,166,425	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	400,652	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: _____ Title: **CHAIRMAN** Date: _____ Telephone: _____

Paid Preparer's Use Only
Preparer's signature: **TINA HENTON** Date: **11/11/21** Check if self-employed: PTIN: **P00630282**
Firm's name (or yours, if self-employed) and address: **CLIFTONLARSONALLEN LLP**
2210 EAST ROUTE 66
GLEN DORA, CA 91740 Firm's FEIN: **41-0746749** Telephone: **(626) 857-7300**

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	11,307	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income	•	7	1,688,650	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,699,957	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	603,390	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	793,022	00	
	12	Other salaries and wages	•	12	1,621,428	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	193,613	00
		15	Rents	•	15	117,403	00
		16	Depreciation and depletion (See instructions)	•	16	69,401	00
		17	Other expenses and disbursements	•	17	1,768,168	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	5,166,425	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,405,810	•	2,535,442
2 Net accounts receivable		6,910	•	44,324
3 Net notes receivable			•	
4 Inventories		7,320	•	4,299
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets	295,961		294,220	
b Less accumulated depreciation	(145,336)	150,625	(213,143)	81,077
11 Land			•	
12 Other assets		354,385	•	421,976
13 Total assets		2,925,050		3,087,118
Liabilities and net worth				
14 Accounts payable		322,199	•	66,213
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities		960,898		978,300
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		1,641,953	•	2,042,605
22 Total liabilities and net worth		2,925,050		3,087,118

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	400,652
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		400,652
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		400,652

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ABEONA	3333 LEE PARKWAY #600 DALLAS, TX 75219		15,000.
ACCELERON PHARMA, INC.	149 SIDNEY ST. CAMBRIDGE, MA 02139		30,000.
AEGERION PHARMACEUTICALS/AMRYT PHARMA	90 HARCOURT STREET DUBLIN 2 IRELAND		20,000.
AEGLEA BIO THERAPEUTICS	901 S MOPAC EXPRESSWAY, BARTON OAKS PLAZA ONE #250 AUSTIN, TX 78746		5,000.
AGIOS PHARMACEUTICALS, INC.	88 SYDNEY STREET, 2ND FLOOR CAMBRIDGE, MA 02139		25,000.
AKCEA THERAPEUTICS	22 BOSTON WHARF RD. - 9TH FLOOR BOSTON, MA 02210		50,000.
ALEXION	100 COLLEGE STREET NEW HAVEN, CT 06510		592,000.
ALLIANCE FOR REGENERATIVE MEDICINE	1900 L STREET NW SUITE 735 WASHINGTON D.C, DC 20036		5,000.
ALLIANCERX/WALGREENS	1901 E. VOORHEES DANVILLE, IL 61834		25,000.
ALNYLAM US, INC	300 THIRD STREET CAMBRIDGE, MA 02142		70,000.
AMICUS THERAPEUTICS, INC	1 CEDAR BROOK DRIVE CRANBURY, NJ 08512		35,000.
ANOVORX	1710 N. SHELBY OAKS DR., SUITE 2 MEMPHIS, TN 38134		15,000.

GLOBAL GENES26-3331487

APPLIED THERAPEUTICS	545 5TH AVE RM 1400 NEW YORK, NY 10017	20,000.
ARGENX US INC.	33 ARCH STREET BOSTON, MA 02110	5,000.
ATARA BIOTHERAPEUTICS, INC.	611 GATEWAY BLVE # 900 SOUTH SAN FRANCISCO, CA 94080	17,000.
AUDENTES THERAPEUTICS INC.	600 CALIFORNIA STREET, 17TH FLOOR SAN FRANCISCO, CA 94108	30,000.
AUGUR HEALTH LLC	1460 BROADWAY NEW YORK, NY 10036	5,000.
AVEXIS, INC.	2275 HALF DAY ROAD, SUITE 200 BANNOCKBURN, IL 60015	90,000.
AVIDITY BIOSCIENCES, INC.	19075 N. TORREY PINES RD #150 LA JOLLA, CA 92037	17,500.
AVROBIO, INC.	400 TECHNOLOGY SQUARE CAMBRIDGE, MA 02139	35,000.
BIOGEN US	133 BOSTON POST ROAD WESTIN, MA 02493	79,000.
BIOMARIN	105 DIGITAL DRIVE NOVATO, CA 94949	129,000.
BIOTECHNOLOGY INNOVATION ORGANIZATION	1201 MARYLAND AVENUE, SW, SUITE 900 WASHINGTON, DC 20024	10,000.
BLUEBIRD BIO, INC.	60 BINNEY ST CAMBRIDGE, MA 02142	81,500.
BLUEPRINT MEDICINES CORP.	45 SIDNEY ST CAMBRIDGE, MA 02139	42,000.
BOEHRINGER INGELHEIM	900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	54,000.
BRIDGE BIO SERVICES (BBS)	421 KIPLING ST PALO ALTO, CA 94301	40,000.

GLOBAL GENES26-3331487

CATALYST PHARMACEUTICALS, INC.	355 ALHAMBRA CIRCLE, SUITE 1250 CORAL GABLES, FL 33134	35,000.
CHIESI 9146	ONE BOSTON PLACE, SUITE 4000 BOSTON, MA 02108	29,000.
CLINITHINK, LLC	8 BIRCH ST KINSTON, NH 03848	5,000.
CODEXIS	200 PENOBSCOT DRIVE REDWOOD CITY, CA 94063	15,000.
CYDAN LL, INC	700 TECHNOLOGY SQUARE, 3RD FLOOR CAMBRIDGE, MA 02139	15,000.
DAIICHI SANKYO, INC.	211 MOUNT AIRY ROAD BASKING RIDGE, NJ 07920	65,000.
DEERFIELD MANAGE	780 THIRD AVENUE 37TH FLOOR NEW YORK, NY 10017	12,500.
DICERNA PHARMACEUTICALS	33 HAYDEN AVE. LEXINGTON, MA 02421	15,000.
ENGAGE HEALTH	3265 LEXINGTON AVE S EGAN, MN 55121	13,000.
ENZYVANT THERAPEUTICS, INC.	90 BROADWAY, SUITE 204 CAMBRIDGE, MA 02142	15,000.
EPIZYME, INC.	400 TECHNOLOGY SQUARE, 4TH FLOOR CAMBRIDGE, MA 02139	10,000.
ETON PHARMACEUTICALS, INC	21925 W FIELD PKWY #235 DEER PARK, IL 60010	10,000.
EVERSANA	190 N. MILWAUKEE ST. MILWAUKEE, WI 53202	104,000.
GENENTECH, INC	1 DNA WAY SAN FRANCISCO, CA 94080	240,000.
GILEAD SCIENCES, INC	333 LAKESIDE DRIVE FOSTER CITY, CA 94404	50,000.

GLOBAL GENES26-3331487

GREENWICH BIOSCI	5750 FLEET STREET, SUITE 200 CARLSBAD, CA 92008	108,000.
HARMONY BIOSCIENCES	630 W GERMANTOWN PIKE #215 PLYMOUTH MEETING, PA 19462	30,000.
HEALX LTD.	PARK HOUSE, CASTLE PARK CAMBRIDGE UNITED KINGDOM	12,500.
HORIZON PHARMA USA, INC.	1 HORIZON WAY DEERFIELD, IL 60015	366,550.
ILLINGWORTH RESEARCH GROUP	201 COLUMBINE ST, SUITE 300 DENVER, CO 80206	10,000.
ILLUMINA, INC.	5200 ILLUMINA WAY SAN DIEGO, CA 92122	115,000.
IMMENZA HEALTH CLINIC (DANTE LABS)	STRADA STATALE 17 67100 L'AQUILA ITALY 67100	10,000.
INSMEAD, INC.	10 FINDERNE AVENUE, BLDG 10 BRIDGEWATER, NJ 08807	50,375.
INTERCEPT PHARMACEUTICALS	450 W 15TH ST., SUITE 505, FLOOR 5 NEW YORK, NY 10011	15,000.
IONIS PHARMACEUTICALS, INC	2855 GAZELLE COURT CARLSBAD, CA 92010	5,000.
IPSEN BIOPHARMACEUTICALS	106 ALLEN RD BASKING RIDGE, NJ 07920	50,000.
JAMES & NATALIE DOUGLAS	358 WENDOVER DR PRINCETON, NJ 08540	10,000.
JACK NADEL INTERNATIONAL	8701 BELLANCA AVE LOS ANGELES, CA 90045	8,834.
JAZZ PHARMACEUTICALS, INC	3170 PORTER DRIVE PALO ALTO, CA 94304	25,000.
LEADIANT BIOSCIENCES, INC	9841 WASHINGTON BLVD., SUITE 500 GAITHERSBURG, MD 20878	40,000.

<u>GLOBAL GENES</u>		<u>26-3331487</u>
MALLINCKRODT PHARMACEUTICALS	675 MCDONNELL BLVD. BLDG 10 HAZELWOOD, MO 63042	75,000.
MARINUS PHARMACEUTICALS, INC.	100 MATSONFORD ROAD, SUITE 304 RADNOR, PA 19087	15,000.
MEDABLE INC.	525 UNIVERSITY AVE, SUITE A70 PALO ALTO, CA 94301	10,000.
MEDICAL MARKETING ECONOMICS, INC	1200 JEFFERSON AVENUE, SUITE 200 OXFORD, MS 38655	15,000.
MEIRAGTX.LLC	450 EAST 29TH STREET, 15TH FLOOR NEW YORK, NY 10016	15,000.
MIKE ZHANG	5810 BASKERVILLE WALK MIDDLETON, WI 53562	53,245.
MIRUM PHARMACEUTICALS, INC.	950 TOWER LANE, SUITE 300 FOSTER CITY, CA 94404	10,000.
MOMENTA PHARMACEUTICALS, INC.	301 BINNEY ST CAMBRIDGE, MA 02142	50,000.
MUSCULAR DYSTROPHY ASSOC.	3300 EAST SUNRISE DR TUCON, AZ 85718	5,000.
MYRIAD GENETICS, INC.	320 WAKARA WAY SALT LAKE CITY, UT 84108	32,000.
NEUROCRINE CONTINENTAL, INC.	12780 EL CAMINO REAL SAN DIEGO, CA 92130	35,000.
NEUROGENE, INC.	434 W 33RD ST, SUITE 1002 NEW YORK, NY 10001	7,500.
NOVARTIS	ONE HEALTH PLAZA EAST HANOVER, NJ 07936	45,000.
OMNICOM MEDIA GROUP	195 BROADWAY, 8TH FLOOR NEW YORK, NY 10007	100,000.
ORCHARD THERAPUTICS	2 SEAPORT LANE, 8TH FLOOR BOSTON, MA 02210	22,000.

GLOBAL GENES26-3331487

OVID THERAPEUTICS	1460 BROADWAY NEW YORK, NY 10036	29,000.
PATHWAYS FOR RARE & ORPHAN STUDIES	6005 HIDDEN VALLEY ROAD #170 CARLSBAD, CA 92011	5,000.
PFIZER	235 EAST 42ND STREET NEW YORK, NY 10017	225,000.
PHARMINGHEALTHCA	10 INDEPENDENCE BLVD 4TH FLOOR WARREN, NJ 07059	10,000.
PPD DEVELOPMENT	9330 SCRANTON RD. STE. 200 SAN DIEGO, CA 92121	20,000.
PTC THERAPEUTICS	100 CORPORATE COURT SOUTH PLAINFIELD, NJ 07080	25,000.
RDMD INC.	44 MONTGOMERY STREET FLOOR 3 SAN FRANCISCO, CA 94104	5,000.
RECORDATI RARE DISEASES, INC.	100 CORPORATE DRIVE #104 LEBANON, NJ 08833	35,000.
REGENERON PHARMACEUTICALS	777 OLD SAW MILL RIVER ROAD TARRYTOWN, NY 10591	50,000.
REGENXBIO, INC	9712 MEDICAL CENTER DRIVE, SUITE 100 ROCKVILLE, MD 20850	40,000.
RETROPHIN, INC.	3721 VALLEY CENTRE DR. #200 SAN DIEGO, CA 92130	246,000.
RUBIUS THERAPEUTICS	399 BINNEY ST #300 CAMBRIDGE , MA 02139	5,000.
SANGAMO THERAPEUTICS, INC.	501 CANAL BLVD. RICHMOND, CA 94804	39,000.
SANOFI-GENZYME	55 CORPORATE DRIVE BRIDGEWATER TOWNSHIP, NJ 08807	70,000.
SAREPTA THERAPEUTICS, INC.	215 FIRST STREET 4TH FLOOR CAMBRIDGE, MA 02142	25,000.

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SHIRE PHARMA	300 SHIRE WAY LEXINGTON, MA 02421	25,000.
SILICON VALLEY COMMUNITY	2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040	200,000.
SOBI, INC	890 WINTER STREET WALTHAM, MA 02451	45,000.
SPARK THERAPEUTICS, INC.	3737 MARKET STREET PHILADELPHIA, PA 19104	25,000.
STRONGBRIDGE US	900 NORTHBROOK DRIVE, SUITE 200 TREVOSSE, PA 19053	35,000.
TAKEDA PHARMACEUTICALS	730 STOCKTON DRIVE EXTON, PA 19341	95,000.
TANNERGAP	1808-A ASSOCIATES LANE CHARLOTTE, NC 28217	5,000.
TAYSHA GENE THERAPIES, INC.	7318 MORTON ST DALLAS, TX 75209	25,000.
THE ASSISTANCE FUND	4700 MILLENIA BLVD, SUITE 410 ORLANDO, FL 32839	10,000.
UCB, INC.	1950 LAKE PARK DRIVE SMYRNA, GA 30080	77,500.
ULTRAGENYX PHARMACEUTICAL INC.	60 LEVERONI CT. NOVATO, CA 94949	221,314.
VERTEX PHARMACEUTICALS INC.	50 NORTHERN AVE. BOSTON, MA 02210	66,500.
WILLIAM SPEARING	CHESTERFORD RESEARCH PARK SAFFRON WALDEN, ESSEX, UNITED KINGDOM CB10XL	9,000.
ZOGENIX	5858 HORTON ST, SUITE 455 EMERYVILLE, CA 94608	10,000.

GLOBAL GENES

26-3331487

TOTAL INCLUDED ON LINE 3

5,199,818.

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION

AMOUNT

MEMBERSHIP FEES

1,415,650.

CONFERENCE SPONSORSHIPS

273,000.

TOTAL TO FORM 199, PART II, LINE 7

1,688,650.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 3

ACTIVITY CLASSIFICATION: COC GRANT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ADRENAL INSUFFICIENCY UNITED	PO BOX 72407 - SPRINGFIELD, OR 97475	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ADVANCING SICKLE CELL ADVOC PROJ. INC	P.O. BOX 813215 - HOLLYWOOD, FL 33081	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALAGILLE SYNDROME ALLIANCE CHER BORK	P. O. BOX 22 - COLLIERVILLE, TN 38027	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALS RIDE FOR LIFE	STONY BROOK HSC, LEVEL 2, ROOM 106 - STONY BROOK, NY 11794	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANGELMAN SYNDROME FOUNDATION	3015 E. NEW YORK STREET@SUITE A2 #285 - AURORA, IL 60504	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASSOC FOR PREV. OF SICKLE CELL ANEMIA	PO BOX 208 - ABERDEEN, MD 21001	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASSOC. PUERTORRIQUENA DE HEMOFILIA	PMB 633, P.O. BOX 29005 - SAN JUAN, PR 00929	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AVERY'S HOPE	P.O. BOX 256 - NEW HOPE, PA 18938	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BPAN WARRIORS	350 NE 28TH ROAD - BOCA RATON, FL 33431	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHELSEA'S HOPE	POST OFFICE BOX 348626 - SACRAMENTO, CA 95834	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILD NEUROLOGY FOUNDATION	601 W. SHORT STREET - LEXINGTON, KY 40508	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CLOVES SYNDROME COMMUNITY	PO BOX 406 - WEST KENNEBUNK, ME 04094	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CUREGRIN FOUNDATION	9593 MERRYVALE COURT - PARKER, CO 80134	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DREAMSICKLE KIDS FOUNDATION	1275 SAND CASTLE AVE - LAS VEGAS, NV 89183	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FACTOR-H	7917 HOLLYWOOD BLVD - LOS ANGELES, CA 90046	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FAMILIESCN2A FOUNDATION	P.O. BOX 82 - EAST LONGMEADOW, MA 01028	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FIGHTING FOR KAIDEN FOUNDATION, INC	PO BOX 386 - LINTHICUM, MD 21090	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRIN2B FOUNDATION	PO BOX 481223 - NILES, IL 60714	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HEMOPHILIA FOUNDATION OF SO. CA.	959 E WALNUT ST #114 - PASADENA, CA 91106	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HERMANSKY-PUDLAK SYNDROME NETWORK, INC	ONE SOUTH ROAD - OYSTER BAY, NY 11771	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ILLINOIS SPINA BIFIDA ASSOCIATION	2211 N OAK PARK AVE - CHICAGO, IL 60707	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LIFE AND FAMILY FOUNDATION, VA	10509 PATTERSON AVE UNIT 29912 - HENRICO, VA 23242	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MILES FOR CYSTIC FIBROSIS INC	P.O. BOX 2984 - TUCKER, GA 30085	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATI	PO BOX 115 - BLOOMINGTON, CA 92316	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MITCHELL THORP FOUNDATION	6965 EL CAMINO REAL, SUITE 105-433 - CARLSBAD, CA 92009	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MITOACTION	P.O. BOX 310 - NOVI, MI 48376	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL PKU NEWS	6869 WOODLAWN AVE NE 116 - SEATTLE, WA 98115	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PMG AWARENESS ORGANIZATION	4533 MACARTHUR BOULEVARD SUITE #5182 - NEWPORT BEACH, CA 92660	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SATB2 GENE FOUNDATION	3050 FIVE FORKS TRICKUM RD D5 - LILBURN, GA 30047	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SICKLE CELL DISEASE ASSOC OF AMERICA	7240 PARKWAY DRIVE, SUITE 180 - HANOVER, MD 21076	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTH CENTRAL PENNSYLVANIA SICKLE CELL C	2000 LINGLESTOWN RD # 103 - HARRISBURG, PA 17110	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEAM TELOMERE	1562 FIRST AVE 205 - NEW YORK, NY 10028	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE BRAIN RECOVERY PROJECT	969 COLORADO BLVD 101 - LOS ANGELES, CA 90041	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE XLH NETWORK, INC.	911 CENTRAL AVE, - ALBANY, NY 12206	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WHITE SUTTON SYNDROME FOUNDATION	PO BOX 591 - BROKEN ARROW, OK 74103	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WM. E. PROUDFORD SICKLE CELL FUND	POST OFFICE BOX 979 - DOVER, DE 19904	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SICKLE CELL ASSOC OF TEXAS MARC THOMAS F	314 E HIGHLAND MALL BLVD #411 - AUSTIN, TX 78752	NONE	14,000.

TOTAL FOR THIS ACTIVITY 509,000.

ACTIVITY CLASSIFICATION: FAIR IMPACT GRANT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LITTLEST TUMOR FOUNDATION	PO BOX 7051 - APPLETON, WI 54912	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSION CURE	245 W 107TH ST APT 15A - NEW YORK, NY 10025	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL GAUCHER INC.	5410 EDSON LANE SUITE 220 - ROCKVILLE, MA 20852	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED MITOCHONDRIAL DISEASE FOUNDATION	8085 SALTSBURG ROAD, SUITE 20 - PITTSBURGH, PA 15239	NONE	5,000.

TOTAL FOR THIS ACTIVITY 20,000.

ACTIVITY CLASSIFICATION: PATIENT ADVOCACY / TRAVEL ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS GRANTS	28 ARGONAUT, SUITE 140 & 150 - ALISO VIEJO, CA 92656	NONE	74,390.

TOTAL FOR THIS ACTIVITY 74,390.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 603,390.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
KIMBERLY HAUGSTAD (TERM END 10/25) 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	CEO (FORMER) 40.00	317,847.
PAM FERRIS 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	VP DEVELOPMENT & MARKETING 40.00	192,019.

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CHRISTIAN RUBIO 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	VP STRATEGIC ADVANCEMENT 40.00	188,417.
NICOLE BOICE 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	FOUNDER 40.00	0.
MARY K O'CONNOR 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	DIR. CORPORATE ENG 40.00	0.
SUSAN BRISENDINE 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	DIR. ENGAGEMENT PROGRAMS 40.00	0.
MELISSA STRODTBECK 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	FIN. DIRECTOR 40.00	94,739.
CRAIG MARTIN (TERM START 10/25) 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	CEO (NEW) 40.00	0.
CAROLINE LOEWY 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	DIRECTOR 1.00	0.
JOHN CROWLEY 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	DIRECTOR 1.00	0.
HUGH HEMPEL 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	DIRECTOR 1.00	0.
PETER PELLIZZON 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	TREASURER 1.00	0.
BRAD MARGUS 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	DIRECTOR 1.00	0.
CHRISTINA M. HARTMAN 28 ARGONAUT, SUITE 140 & 150 ALISO VIEJO, CA 92656	DIRECTOR 1.00	0.

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KATIE STEVENS	DIRECTOR	0.
28 ARGONAUT, SUITE 140 & 150	1.00	
ALISO VIEJO, CA 92656		
NEIL KUMAR	DIRECTOR	0.
28 ARGONAUT, SUITE 140 & 150	1.00	
ALISO VIEJO, CA 92656		
INDU NAVAR	DIRECTOR	0.
28 ARGONAUT, SUITE 140 & 150	1.00	
ALISO VIEJO, CA 92656		

TOTAL TO FORM 199, PART II, LINE 11	<u>793,022.</u>
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CA 199	OTHER EXPENSES	STATEMENT 5
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DESCRIPTION	AMOUNT
OUTSIDE SERVICES	662,820.
COMPUTER AND SOFTWARE	256,297.
SUPPLIES	217,957.
PROGRAM AWARENESS	94,381.
LEGAL FEES	3,200.
OTHER PROFESSIONAL FEES	83,369.
TRAVEL	110,533.
CONFERENCES AND CONVENTIONS	368.
INSURANCE	15,028.
ALL OTHER EXPENSES	324,215.
TOTAL TO FORM 199, PART II, LINE 17	<u>1,768,168.</u>

CA 199	OTHER ASSETS	STATEMENT 6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	147,808.	109,012.
PREPAID EXPENSES AND DEFERRED CHARGES	196,590.	302,977.
DEPOSITS	9,987.	9,987.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	<u>354,385.</u>	<u>421,976.</u>

CA 199	OTHER LIABILITIES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED LIABILITIES	235,287.	152,086.
DEFERRED REVENUE	725,611.	826,214.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	960,898.	978,300.

CA 199	FUND BALANCES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	1,494,144.	1,933,593.
NET ASSETS WITH DONOR RESTRICTIONS	147,809.	109,012.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,641,953.	2,042,605.

TAXABLE YEAR

2020

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: GLOBAL GENES, 26-3331487

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 5,567,077; 2 Total gross income (Form 199, line 8) 5,567,077; 3 Total expenses and disbursements (Form 199, line 9) 5,166,425

Part II Settle Your Account Electronically for Taxable Year 2020

Table with 2 columns: 4 Electronic funds withdrawal, 4a Amount, 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

Table with 2 columns: 5 Routing number, 6 Account number, 7 Type of account: Checking, Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here Signature of officer Date Title CHAIRMAN

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 4 columns: ERO's signature, Date, Check if also paid preparer, Check if self-employed, ERO's PTIN, Firm's name (or yours if self-employed) and address, Firm's FEIN, ZIP code. Row 1: TINA HENTON, CLIFTONLARSONALLEN LLP, 2210 EAST ROUTE 66, GLENDORA, CA, 41-0746749, 91740

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 4 columns: Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN, Firm's name (or yours if self-employed) and address, Firm's FEIN, ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p><u>GLOBAL GENES</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>28 ARGONAUT, SUITE 140 & 150</u> Address (Number and Street)</p> <p><u>ALISO VIEJO, CA 92656</u> City or Town, State, and ZIP Code</p> <p><u>(949) 248-7273</u> Telephone Number</p> <p>_____ E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0198472</u></p> <p>Corporation or Organization No. <u>3159463</u></p> <p>Federal Employer ID No. <u>26-3331487</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020) list:

Gross Annual Revenue \$ 5,567,077 Noncash Contributions \$ 0 Total Assets \$ 3,087,118
 Program Expenses \$ 4,417,753 Total Expenses \$ 5,166,425

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>PETER PELLIZZON</u>	<u>CHAIRMAN</u>		
Signature of Authorized Agent	Printed Name	Title	Date