Form **99(**

Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Intern	al Rever	Go to www.irs.gov/Form990 for instructions and the la	atest ini	formation.	Inspection
ΑF	or the	e 2022 calendar year, or tax year beginning and endi	ling		
B C	heck if oplicable			D Employer identifie	cation number
	Addres change				
	Name Chang	e Doing business as		26-33314	87
	Initial	Number and street (or P.0. box if mail is not delivered to street address) Room	m/suite	E Telephone number	
	Final return/	28 ARGONAUT, SUITE 150		(949) 243	
	termin ated			G Gross receipts \$	5,673,721.
	Ameno	ALISO VIEDO, CA 92030		H(a) Is this a group re	
	Applic	F Name and address of principal officer: CRAIG MARIIN		for subordinates	? 🖸 Yes X No
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-exe	empt status: 🚺 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or 🗌	527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
			L Year o	of formation: 2008	State of legal domicile: CA
Pa	rt I	Summary			
6		Briefly describe the organization's mission or most significant activities: INCREAS			
Activities & Governance		RARE DISEASE AND GLOBALLY CONNECT, EMPOWER	AND	EDUCATE IND	IVIDUALS
rna	2	Check this box if the organization discontinued its operations or disposed of	of more t	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			8
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
es &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			36
viti	6	Total number of volunteers (estimate if necessary)		6	12
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
`	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
е	8	Contributions and grants (Part VIII, line 1h)		4,169,975.	3,865,176.
Revenue		Program service revenue (Part VIII, line 2g)		1,715,904.	1,690,520.
sev.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,882.	1,739.
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,883,997.	5,557,435.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		268,030.	469,253.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,115,223.	2,572,193.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
žb	b	Total fundraising expenses (Part IX, column (D), line 25) 435,787.		2 174 164	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,174,164.	4,658,743.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,557,417.	7,700,189.
		Revenue less expenses. Subtract line 18 from line 12		326,580.	<u>-2,142,754.</u>
Net Assets or Fund Balances			вед	jinning of Current Year	End of Year
Ssei Bala	20	Total assets (Part X, line 16)		3,315,841.	2,294,462.
et A Ind I	21	Total liabilities (Part X, line 26)		947,013. 2,368,828.	<u>1,753,204.</u> 541,258.
Z _I	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		2,300,020.	541,250.
Unde	or nono	Ities of perjury I declare that I have examined this return including accompanying schedules and	etatomor	nte and to the heet of my	knowledge and belief it is
trua	correc	the solution of period y_1 declaration of preparer (other than officer) is based on all information of which p	n Statemer Aronaror h	nis, and to the best of my	kilowieuge allu bellel, it is
uuc,	CUITED	teter fellizzon	Jiepaieli	11/14/	/2023
Sigr		Signature of atticed and		Date	
Here		PETER PELLIZZON, BOARD CHAIRMAN			
	6	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid		LISA RYSSEL LISA RYSSEL	1	1/13/23 ^{if b} self-employ	P00643670
Prep		Firm's name CLIFTONLARSONALLEN LLP			1-0746749
Use		Firm's address 2875 MICHELLE DRIVE #300			
	,	IRVINE, CA 92606		Phone no. (7	14) 978-1300
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No
	01 12-1				Form 990 (2022)
		EE COUEDILE O EOD ODCANTZANTON MICCION CMAM	TATINT		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) GLOBAL GENES 26-3331487 Page
Pa	rt 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,222,906. including grants of \$ 469,253.) (Revenue \$ 1,690,520.
	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 \$)
40	Total program service expenses 6, 222, 906.
70	Form 990 (20)
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Form	<u>990 (2022)</u> GLOBAL GENES 26-333	L487	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-		4		x
F	during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
44				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		120	х	
b	Schedule D, Parts XI and XII	12a	- 23	<u> </u>
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	1	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
232003	12-13-22	Form		(2022)

Form	990 (2022) GLOBAL GENES 26-3331	L 4 87	P	age 4
Par	TIV Checklist of Required Schedules (continued)		Vaa	Ne
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ZJa		25a		x
b	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-	v	
Ь	"Yes," complete Schedule L, Part IV	28a 28b	X	x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
e-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
d	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 27	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	v	
000000	(gambling) winnings to prize winners?	1c	X 990	(2022)
232004	4 12-13-22	FOUL	200	(2022)

Exter the number of employee reported on Form W3. Transmittal of Wage and Tax Statements. Is all solar one sequets on line 3, did the organization fie all reported for line 3, did the organization fie all report of line 3, did the organization fie all report of line 3, did the organization have an integrated on line 3, and provide an exploration or Schedule O If Yes, 'inter the name of the forgin country south as a bank account, securities account, or other dimonity over, a financial account is conting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account's (BAR), Saw State Comparison for the souther southere	Form	990 (2022) GLOBAL GENES		26-3331	487	P	age 5
2a Enter the number of employees reported on form V3, Transmittal of Wage and Tax Statements. 2a 36 b II a least one is reported on line 2a, did the organization file al required federal employment tax returns? 3a X a Did the organization have under all business grows in some of 51.000 rome during the year? 3a X b I''ves, 'nais Iffed a Tom 980-1 for this year? / "No 'to ima 8b, provide an explanation on Schedule O 3a X b I''ves, 'nais Iffed a Tom 980-1 for this year? / "No 'to ima 8b, provide an explanation on Schedule O 4a X b I''ves, 'nais Iffed a Tom 980-1 for this year? / "No 'to ima 8b, provide an explanation in the financial Accounts (FBAR). 5a X b O''ves, 'naise Iffer a organization have and provide tax sheft transaction at any time during the tax year? 5a X b O''ves, 'naise of the organization have annual grouts needpt tax on this any time busing the tax year? 5a X b O''ves, 'naise any notify the organization have annual grouts needpt tax on this have normal statement that second the organization have annual grouts needpt tax as the normal strugs that year. 5a X b I''ves, 'ndicate the number of forms 2822 field during the year. 7a X 7a X f I''ves, 'ndicate the organization naise anormal stax pormore tax year. 5a <t< td=""><td>Par</td><td>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</td><td></td><td></td><td></td><td></td><td></td></t<>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
tiel for the calendary year ending with or within the year covered by this return 2a 36 b If it less on is reported on lines 2.d (dit the organization fiel all required forder an exployment tax returns? 3a X 3a Did the organization have unvelated business gross income of \$1,000 or more during the year? 3a X 4a A tary time during the calendar year, did the organization have an interest in, or other financial account; 3a X 4b If "vss," instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b If any taxable party notify the organization in the most aphothet tax shorts a party to a prohibited tax shorts account, securities account, or other financial accounts (FBAR). 5a X b If any taxable party notify the organization in fore 8086 i? 5a X c If "vss," toil the organization include with every solicitation an express statement that such contributions or fits were not tax deductibles of thatiable contributions? 6a X c If "vss," toil the organization include with every solicitation and party for goods and services provided? 7a X d If the organization neiter approxemation account, seeping bank and Financial Accounts (FBAR). 6a X d If vss, "indicate the number of mot 8087 i? 5a X d If the organization include with every solicitation and party for goods and services provided? 7a X d If the solicitation reselve a						Yes	No
b If a least one is reported on line 2a, duit the organization the all required feed a monitorment fax returns? 2a X a A far y time during the calendar year, duit the organization have an interest in, or a signature or other authority over, a famanual account in a foreing country luck are a bank account, securities account, or other famanual accounts (FBAR). 3a X b If "Yes," that if find a Form 590-T for this year? // "No" to fine 3b, provide an explanation on Schedule O 3a X b If "Yes," that the name of the foreign country luck are a bank account, securities account, or other financial accounts (FBAR). 5a X b D dat sy tacabanual gross receipts that are normal gross receipts that are normal greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions? 5a X b If "Yes," did the organization hat are normal greater than \$100,000, and did the organization solid any contributions under section 170(c). 0a V V b If "Yes," did the organization nate and the section 170(c). 0a V	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
ab bit the organization have unrelated business pross income of \$1,000 or more during the yea? 3a X bit "Ves," has it filed a Form 990-T for this yea?? If 'No' is fine 3b, provide an explanation on Schedule D 3b X bit "Ves," inter during the calindary year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country iscue as a bank account, a criteria account? 4a X bit "Ves," inter the name of the foreign country iscue and provide as a bank account any time during the tax year? 5a X bit "Ves," into the organization in Ports to a prohibit data where transaction any top comparization is a prot to a prohibit data where transaction? 5a X c) Was the organization in Ports to a depicatible accombination and prosses tatement that support the organization in Fore 108867. 5a X c) Was the organization in Ports decisible as a charable contribution an express statement that such contributions orgits were not tax dedictible as charable contributions? 6a X b) Was, "did be organization in Ports as difficult where y solicitation an express statement that such contributions orgits were not tax dedictible as a charable contribution and partly in goods and serioles provided to the part? 7a X d) Was the organization mole ways difficult where a and part in goods and serioles provided to the part? 7a X d) Was devicable the organization freelew any devicable the		filed for the calendar year ending with or within the year covered by this return	2a	36			
3a Dt Hur organization have unrelated business gross income of \$1,000 mmor during the year? 3a X 4a At any time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial accountly such as a bank account, securities account, or other financial accounts (FBAR). 4a X 5b If "res," relate the name of the foreign countly such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5b Vas the organization in activity to aphothed tax shelter transaction at any time during the tay sea? 5a X 5b If "res," relate the name of the foreign countly its as a party to a prohibited tax shelter transaction? 5a X 5c If "res," relate duritities of respination fina from 88867. 7a X 6c If "res," relate duritities of respination fina from 8867. 7a X 7c res," relate durities of respination fina from 8867. 7a X 7b Torganization share annual gross receipts that are normaly greater than \$100,000, and dift the organization for elever parts. 7a X 7c res," relate a duritis of respination from from 8877. 7a X 7a X 7 reganization neice any finds dintegraterin than such contributions or grelate any contribution a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
b If Yes," instit Hied Form 900-T for this year? If Yeo't for 8th, provide an explanation on Schedule O 3b d At any time dump the calendary year, did the organization have an interest in or a signature or other authority over, a 4a d If Yes," inter the name of the foreign country 5a See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Sa Was the organization have annual gross received that was or is a party to a prohibited subsetter transaction? 5a So Does the organization have annual gross received batt are normally greater than \$100,000, and did the organization near mall gross received batt are normally greater than \$100,000, and did the organization have mail gross received batt are normally greater than \$100,000, and did the organization have mail gross received batt are normally greater than \$100,000, and did the organization have mail greas receive deductible contributions are press attement that such contributions or gifts were nor tax deductible? 5a 0 If Yes," indicate the number of Forms 8282 filed during the year 1a 7a X 0 Did the organization near year, pay premiums, directly or indirectly, no paperonal brendt contract? 7a X 1 Did the organization nearby the group of undirectly, no paperonal brendt contract? 7a X 0 Did the organization nearby the group of undirectly, no paperonal brendt contract? <t< td=""><td></td><td></td><td></td><td></td><td>3a</td><td></td><td>Х</td></t<>					3a		Х
4 A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as bank account, securities account, or other financial accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction? Was the organization aparty to a prohibited tax shelter transaction? d' ''est' in the organization in Foreign Earning and the organization in the organization active devices and the organization in the organization in the rom 888-17. d' ''est' in the organization in the organization in the rom 888-17 organization aparty to a prohibited tax shelter transaction? d' ''est' in the organization in the organization in the rom 888-17 organization active devictible or othributions and express statement that such contributions or gifts were not tax deductible and shaftable contributions? d' ''est', ''dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and the other organization include a party or a prohibited tax shelter transaction? d' ''est, ''dd the organization colling aparty for donor of the vake of the goods or services provided? d' ''est, ''dd the organization colling aparty for donor of the vake of the goods or services provided? d' ''est, ''dd the organization active apprentimes, directly or indirectly, to a personal benefit contrac?? d' ''est, ''dd the organization colling aparty for goods and services provided? d' ''est, ''dd the organization colling aparty apprentimes, directly or indirectly, to apartsoft in form 889 as required? d' ''est, ''dd the organization colling aparty apremiums, directly or indirectly, to apartso					3b		
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11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>It "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 17 17 If "Yes," complete Form 4720, Schedule O. 17 16	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	b		le O		14b		
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If "Yes," see the instructions and file Form 4720, Schedule N. Id Id Id 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Id Id Id 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If Id					15		Х
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If "Yes," complete Form 4720, Schedule O.	16		incom	e?	16		Х
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 17 If "Yes," complete Form 6069. 10							
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10	17		tivities				
If "Yes," complete Form 6069.					17		
232005 12-13-22 Form 990 (2022)	232005				Form	990	(2022)

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-	1990 (2022) GLOBAL GENES rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 3	26-333		F	Pac
Pa			a "No" r	espor	ารต
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C				[
800	Check if Schedule O contains a response or note to any line in this Part VI				
Jec	alon A. Governing body and management			Yes	Т
19	Enter the number of voting members of the governing body at the end of the tax year	1a	8	162	t
14	If there are material differences in voting rights among members of the governing body, or if the governing		4		L
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				L
h	Enter the number of voting members included on line 1a, above, who are independent	16	в		L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		4		l
2			2	Х	ľ
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th		-		t
U			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			Х	t
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		t
6			6		t
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a				t
74	more members of the governing body?		7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		10		t
D.			7b		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		10		\dagger
o a	The governing body?		8a	х	l
a b	Each committee with authority to act on behalf of the governing body?		8b	X	╉
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				t
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	avenue Code)			
				Yes	Ι
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	t
	If "Yes," did the organization have written policies and procedures governing the activities of such cl		100		1
D		apters, anniates,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		11a	Х	t
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		110		t
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "				t
Ū	on Schedule O how this was done	,	12c	х	
13	Did the organization have a written whistleblower policy?		13	х	t
.e 14	Did the organization have a written document retention and destruction policy?		14	X	t
15	Did the process for determining compensation of the following persons include a review and approva				t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
я	The organization's CEO, Executive Director, or top management official		15a	х	l
	Other officers or key employees of the organization		15a	X	┥
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		100		t
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			I
.00	taxable entity during the year?		16a		l
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		104		t
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate				I
	exempt status with respect to such arrangements?		16b		I
Sec	tion C. Disclosure		100	1	1
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>				_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)(3)s only)	availa	r
	for public inspection. Indicate how you made these available. Check all that apply.)o oniy)	avana	.~~
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		nd finand	cial	
	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 bo	oks and records			
	FOHRMAN & FOHRMAN - (949) 458-0836				
	24551 DEL PRADO #70, DANA POINT, CA 92629				
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	6				(
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Form 990 (2022)	GLOBAL GENES	26-3331487	Page 7
Part VII Compens	ation of Officers, Directors, Trus	tees, Key Employees, Highest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	nedule O contains a response or note to any	line in this Part VII	
Section A. Officers, D	irectors, Trustees, Key Employees, and H	lighest Compensated Employees	
 List all of the organ 	· · · ·	compensation for the calendar year ending with or within the organization as (whether individuals or organizations), regardless of amount of comper-	
 List all of the organ 	nization's current key employees, if any. Se	e the instructions for definition of "key employee."	

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10	not cl	Pos	ition			Reportable	Reportable	Estimated
	hours per	box,	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto I	r/trus [.] I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t corr		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) VICTORIA WEISS	40.00	-	-	0	×	<u> </u>	ш			
SENIOR DIRECTOR, FINANCE				х				23,750.	0.	0.
(1) CRAIG MARTIN	40.00									
INTERIM CEO				х				420,000.	Ο.	0.
(2) CHRISTOPHER NUNES	40.00									
FINANCE DIRECTOR				Х				65,001.	0.	0.
(3) LAUREN ALFORD	40.00									
SENIOR DIRECTOR, MARKETING COMMUNICA						X		160,475.	0.	78.
(4) MARY K. O'CONNOR	40.00									
SENIOR DIRECTOR, DEVELOPMENT						X		143,684.	0.	5,850.
(5) MARIA DELLA ROCCA	40.00									
SENIOR DIRECTOR, SUPPORT & EDUCATION						x		146,875.	0.	81.
(6) TIM EHRHARD	40.00									
SENIOR DIRECTOR, IT						x		158,312.	0.	78.
(7) SHANKAR RAMKELLAWAN	40.00									
MANAGER, DATA SCIENCE & INSIGHTS	10.00					X		111,064.	0.	4,847.
(8) NICOLE BOICE	10.00									
FOUNDER	1	Х		X				0.	0.	0.
(9) PETER PELLIZZON	1.00									
BOARD CHAIRMAN		х		X				0.	0.	0.
(10) CAROLINE LOEWY	1.00									
TREASURER	1	Х		X				0.	0.	0.
(11) JOHN CROWLEY	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(12) CHRISTINA M. HARTMAN	1.00							0	0	
SECRETARY	1 0 0	X		Х				0.	0.	0.
(13) HUGH HEMPEL	1.00	x						0.	0.	
DIRECTOR	1 00	X						0.	0.	0.
(14) NEIL KUMAR DIRECTOR	1.00	x						0.	0.	0.
(15) INDU NAVAR	1.00	Δ						0.	0.	<u> </u>
DIRECTOR	<u> </u>	x						0.	0.	0.
		- 23						0.	0.	<u> </u>
	I		1		I	I		1		– 000 (2000)

232007 12-13-22

7

	990 (2022) GLOBAL GI	ENES								26-3	3314	187	Page 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos heck		1 than c	ne	Reportable	Reportable		Estima	
		hours per week					s both pr/trust		compensation	compensatio		amour	
		(list any						,	- from the	from related		othe	
		hours for	direct				-		organization	organization (W-2/1099-MIS		compen from	
		related	e or	stee			nsated		(W-2/1099-MISC/	1099-NEC)		organiz	
		organizations	truste	al tru		yee	om per		1099-NEC)			and rel	
		below	ndividual trustee or director	nstitutional trustee	er	Key employee	est co loyee	ıer				organiza	ations
		line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former					
1b	Subtotal	•							1,229,161.		0.	10,	934.
с	Total from continuation sheets to Part VI								0.		0.		0.
	Total (add lines 1b and 1c)								1,229,161.		0.	10,	934.
2	Total number of individuals (including but n									000 of reportable	<u></u>	-	
	compensation from the organization						,		,	·			6
	· · · · · · · · · · · · · · · · · · ·											Ye	s No
3	Did the organization list any former officer,	director, truste	ee. k	kev e	Iame	ove	e. or	hia	hest compensated emp	lovee on	ſ		
	line 1a? If "Yes," complete Schedule J for s	,	,				,	0		,	- 1	3	X
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	•								0	- I	4 X	
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes," com	-				-			-		- 1	5	x
Sec	tion B. Independent Contractors		<u></u>	01 00		0010	<u>.</u>						<u> </u>
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of com	oensat	ion from	
	the organization. Report compensation for	•	•							•			
	(A)	, , , , , , , , , , , , , , , , , , ,			<u> </u>				(B)			(C)	
	Name and business	address							Description of s	ervices	C	ompensat	ion
RIT	HM HEALTH												
54	MORTON STREET, ANDOVER	. MA 01	81	0					CONSULTING S	ERVICES	1	420,	000.
	CONSULTING		-	-									
	DARLINGTON AVENUE, MA	HWAH. N	J	07	43	0			CONSULTING S	ERVICES	1	206,	281.
	INE MEDIA GROUP	······································	-			-						/	
	KINGSTON RD, KENSINGTO	N. CA 9	47	07					EDITORIAL SE	RVICES	1	154,	900.
	I LTD, 141 WICKMAN RD,							Ħ				/	
	YDON, UNITED KINGDOM		- /						CONSULTING S	ERVICES	1	118,	238.
												/	
											1		
2	Total number of independent contractors (ii	ncluding but no	ot lin	nitec	to t	thos	se lis	ted	above) who received mo	ore than			

\$100,000 of compensation from the organization 4

Form 990 (2022)

232008 12-13-22

				BAL G	ENES				26-3331	487 Page 9
Pa	rt V	/	Statement of Rev	venue						
			Check if Schedule O c	contains a	response	or note to any lir	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10 10			Forderick of a survey since a		4-					Sections 512 - 514
ants Ints	1		Federated campaigns		1a 1b		-			
DoL DoL			Membership dues Fundraising events		10 1c		-			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		1d		-			
, Gi nila			Government grants (contri		1e					
ons Sir			All other contributions, gifts,							
ber		•	similar amounts not included		1f 3,	865,176.				
l Ot		g	Noncash contributions included in I		1g \$	•				
Cor		h	Total. Add lines 1a-1f				3,865,176.			
						Business Code				
e	2	а	MEMBERSHIP FE	ES			1,230,634.			
Program Service Revenue		b	CONFERENCE SP		SHIP	900099	445,400.			
Se		с	EXHIBIT BOOTH	S		900099	14,486.	14,486.		
am		d								
ogr B		е								
P		f	All other program service	revenue						
		g	Total. Add lines 2a-2f				1,690,520.			
	3		Investment income (includ	ling divider	nds, intere	est, and	1			
							1,597.			1,597.
	4		Income from investment o		• •					
	5		Royalties		<u></u>					
) Real	(ii) Personal	-			
	6		Gross rents	6a			-			
			Less: rental expenses	6b			-			
			Rental income or (loss)	6c						
	-		Net rental income or (loss)		ecurities	(ii) Other				
	1	а	Gross amount from sales of		,906.		-			
		Ŀ.	assets other than inventory		,900.	05,522.	-			
Ð		D	Less: cost or other basis and sales expenses	7b 50	287	65,999.				
venue		~	Gain or (loss)	76 50 7c	619.	-477.	-			
0			Net gain or (loss)				142.			142.
Other Re	8		Gross income from fundraisir	ng events (n	iot		112.			1120
0			including \$		· I					
			contributions reported on							
		h	Part IV, line 18 Less: direct expenses				1			
			Net income or (loss) from t							
	9		Gross income from gamin							
	5	-	Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from							
	10		Gross sales of inventory, le							
			and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from							
"						Business Code				
sno	11	а								
ane		b								
sell: eve		с								
Miscellaneous Revenue		d	All other revenue							
~		е	Total. Add lines 11a-11d						-	
	12		Total revenue. See instruction	ons			5,557,435.	1,690,520 .	0.	1,739.
23200	9 12-	-13-	22							Form 990 (2022)

GLOBAL GENES Form 990 (2022) 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

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 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	221,259.	221,259.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	247,994.	247,994.		
4	Benefits paid to or for members	•			
5	Compensation of current officers, directors,				
	trustees, and key employees	508,751.	305,251.	50,875.	152,625.
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	1,812,826.	1,442,206.	248,224.	122,396.
8	Pension plan accruals and contributions (include	-	-	-	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	48,332.	36,380.	6,227.	5,725. 24,274.
10	Payroll taxes	202,284.	151,713.	26,297.	24,274.
11	Fees for services (nonemployees):				
а	Management				
	Legal	12,155.		12,155.	
	Accounting	99,185.		99,185.	
d	Lobbying				
е	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 0.)				
12	Advertising and promotion	57,420.	57,420.		
13	Office expenses	25,113.	22,042.	3,071.	
14	Information technology	611,619.	491,150.	120,469.	
15	Royalties				
16	Occupancy	84,772.		84,772.	
17	Travel	618,632.	614,398.	4,234.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,149.	1,149.		
20	Interest				
21	Payments to affiliates	10 017		10 017	
22	Depreciation, depletion, and amortization	<u>10,917.</u> 18,725.	10,531.	<u>10,917.</u> 6,509.	1,685.
23		10,723.	10,551.	0,509.	1,005.
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 0.)				
а	SUPPLIES	1,290,517.	1,277,756.	12,761.	0.
b	OUTSIDE SERVICES	1,227,671.	843,800.	257,871.	126,000.
с	PROGRAM AWARENESS	487,625.	487,625.		
d	FEES AND TAXES	56,272.	679.	55,593.	
е	All other expenses	56,971.	11,553.	42,336.	3,082.
25	Total functional expenses. Add lines 1 through 24e	7,700,189.	6,222,906.	1,041,496.	435,787.

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

14241113 131839 A170179

art X	(2022) GLOBAL GENES				20-3	331487 Page
	Check if Schedule O contains a response or not	e to anv lin	e in this Part X			Г
				(A)	Π	(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			1,236,090.	1	945,89
2	Savings and temporary cash investments	1,693,150.	2	425,88		
3	Pledges and grants receivable, net	· · ·	3	372,75		
4	Accounts receivable, net			59,565.	4	160,97
5	Loans and other receivables from any current or					,-
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disgualit					
	under section 4958(f)(1)), and persons described	•			6	
7	Notes and loans receivable, net			7		
8	Inventories for sale or use			1,246.	8	
9				307,820.	9	332,88
	Land, buildings, and equipment: cost or other			,		,
	basis. Complete Part VI of Schedule D	10a	207,533.			
.	Less: accumulated depreciation		205,008.	11,394.	10c	2,52
11	Investments - publicly traded securities		,		11	2,32
12	Investments - other securities. See Part IV, line 1		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			6,576.	15	53,54
16	Total assets. Add lines 1 through 15 (must equa			3,315,841.	16	2,294,46
17	Accounts payable and accrued expenses	439,509.	17	1,228,79		
18	Grants payable		18			
19	Deferred revenue		507,504.	19	473,92	
20			507,501.	20		
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I	a la calcular D		20		
20	Loans and other payables to any current or form				21	
22	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of these				22	
23	Secured mortgages and notes payable to unrela				22	
23	Unsecured notes and loans payable to unrelated				23	
24	Other liabilities (including federal income tax, pa				27	
20	parties, and other liabilities not included on lines					
		-		0.	25	50,48
26	of Schedule D Total liabilities. Add lines 17 through 25			947,013.	25	1,753,20
20	Organizations that follow FASB ASC 958, che		X	517,013.	20	-,,55,20
3	and complete lines 27, 28, 32, and 33.					
27 28 29 30 31 32	Net assets without donor restrictions			2,368,828.	27	541,25
27	Net assets with donor restrictions			2,000,020.	27	541,45
	Organizations that do not follow FASB ASC 9				20	
	and complete lines 29 through 33.	JO, CHECK I				
					29	
29	Capital stock or trust principal, or current funds				30	
30	Paid-in or capital surplus, or land, building, or ec				30	
31	Retained earnings, endowment, accumulated in			2,368,828.	31	541,25
2 32	Total net assets or fund balances			3,315,841.	32	2,294,46

Form **990** (2022)

Form	331487	Pag	_{ge} 12				
Part XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>5,557</u> 7,700				
2							
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,368	3,8	28.		
5	Net unrealized gains (losses) on investments	5	6	5,1	63.		
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	309),0	21.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	541	.,2	58.		
Pa	rt XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	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?		2b	Х			
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	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 Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
				000			

Form **990** (2022)

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SCHEDULE A		Dublic Cha	rity Status an	d Duk	lia Qu	innort		OMB No. 1545-0047	
(Form 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section					2022		
			47(a)(1) nonexempt cha				LULL		
Department of the Treasury Internal Revenue Service			ttach to Form 990 or Fo					Open to Public Inspection	
Name of the organiz		Go to www.irs.gov/	Form990 for instructior	is and the	latest int	ormation.	Employer	r identification number	
		BAL GENES						6-3331487	
Part I Reaso			(All organizations must c	omplete th	nis part.) S	ee instructior			
The organization is no	t a private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)				
1 A church,	convention of ch	nurches, or associatio	on of churches described	in sectio	on 170(b)([.]	I)(A)(i).			
2 A school c	escribed in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	ו 990).)					
3 A hospital	or a cooperative	e hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).			
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name						the hospital's name,		
city, and s		and the state of t					- 14 - 1 11-	1 t	
	-	Complete Part II.)	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in	
			nental unit described in	section 17	70(h)(1)(A)	(v)			
	· ·	-	intial part of its support fi				ne general i	public described in	
		Complete Part II.)	······ [-··· -· ·· -· [- [- [- ·· ·				- 3		
8 🗌 A commur	ity trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 📃 An agricul	ural research or	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college	
or universi	y or a non-land-ç	grant college of agric	culture (see instructions).	Enter the i	name, city	, and state of	the college	e or	
university:									
			than 33 1/3% of its supp						
			t to certain exceptions; a						
	n 509(a)(2). (Co		(less section 511 tax) fro	m busines	sses acqui	rea by the org	anization a	atter June 30, 1975.	
			ively to test for public sa	fetv See	section 5)9(a)(4)			
	-	-	ively for the benefit of, to	•			rrv out the	purposes of one or	
0	-	-	ed in section 509(a)(1) o	-			•		
-	• • • •	-	of supporting organization						
a 📃 Type I. A	supporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving	
the supp	orted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
organiza	ion. You must a	complete Part IV, S	ections A and B.						
			d or controlled in connect			-		-	
	-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		st complete Part IV,		in connod	tion with a	and functional	lu into grate		
			ng organization operated a). You must complete I				ly integrate	ed with,	
	•	. , .	porting organization oper			-	ted organi:	zation(s)	
	-		zation generally must sat			• •	Ŭ,		
		•	mplete Part IV, Sections	•		•			
e 🗌 Check th	is box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
function	ally integrated, or	or Type III non-functio	nally integrated supporting	ng organiz	ation.				
f Enter the numb		•							
g Provide the follo (i) Name of su		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other	
organiza			(described on lines 1-10	in your governi Yes	ng document?	support (see in		support (see instructions)	
			above (see instructions))	165			-		
Total									
Total						1		I	

Sch	Schedule A (Form 990) 2022 GLOBAL GENES 26-3331487 Page 2							
Pa	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	d the box on line 5	, 7, or 8 of Part I or	r if the organizatior	n failed to qualify u	inder Part III. If the	organization	
	fails to qualify under the tests	listed below, pleas	se complete Part I	II.)				
Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1 Gifts, grants, contributions, and								
	membership fees received. (Do not							
	include any "unusual grants.")	4955803.	5297898.	3581873.	4169975.	3865176.	21870725.	
2	Tax revenues levied for the organ-							
	ization'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	4955803.	5297898.	3581873.	4169975.	3865176.	21870725.	
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,							
	a aluman (f)						3761200.	
6	Public support. Subtract line 5 from line 4.						18109525.	
	ction B. Total Support						<u> </u>	
		(=) 2019	(1-) 2010	(a) 2020	(4) 0001	(a) 2022		
	ndar year (or fiscal year beginning in)	(a) 2018 4955803.	(b) 2019 5297898.	(c)2020 3581873.	(d) 2021 4169975.	(e) 2022	(f) Total 21870725.	
	Amounts from line 4	±555005.	5257050.	5501075.	4105575.	5005170.		
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	1 250	23,101.	11,307.	940.	1,597.	38,195.	
-	and income from similar sources	1,250.	23,101.	11,307.	940.	1,597.	30,195.	
9	Net income from unrelated business							
	activities, whether or not the					140	140	
	business is regularly carried on					142.	142.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						01000000	
11	Total support. Add lines 7 through 10					1	21909062.	
12	Gross receipts from related activities,		,				,690,520.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
organization, check this box and stop here								
Se	ction C. Computation of Publi					1 1	00.00	
14	Public support percentage for 2022 (I					14	82.66 %	
15								
16 a	16a 33 1/3% support test - 2022. 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		-					
k	33 1/3% support test - 2021. If the c	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
k	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and st	o p here. Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation		
18	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							

232022 12-09-22

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.)

GLOBAL GENES

See	ction A. Public Support		•	<u>.</u>	<u>.</u>	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization'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							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	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.)							
See	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total	
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	• Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	3 Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,	
	check this box and stop here	•					·	
See	ction C. Computation of Publi							
15	Public support percentage for 2022 (I	line 8. column (f). d	livided by line 13.	column (f))		15	%	
16	Public support percentage from 2021					16	%	
_	ction D. Computation of Inves					1	· · · · · · · · · · · · · · · · · · ·	
	•			ine 13 column (f))		17	%	
18	 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 						% %	
	a 33 1/3% support tests - 2022. If the					18		
192								
L	more than 33 1/3%, check this box ar						/2% and	
C.	33 1/3% support tests - 2021. If the							
~~~	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organization	IT UIU HOT CHECK A	box on line 14, 19	a, or 190, check ti	his box and see ins			
2320	23 12-09-22		15	5		Sche	dule A (Form 990) 2022	

#### GLOBAL GENES

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

232024 12-09-22



	edule A (Form 990) 2022 GLOBAL GENES 2	6-333148	37 _{Ра}	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	cers,		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

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

# Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction
----------------------------------------------------------------------------------------------------------------------------------

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is the parent of each of its supported organization	ons. Complete line 3 below.
---	--	----------------------------------------------------------------------	-----------------------------

С	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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

2a 2b 2b 3a 3a 3b Schedule A (Form 990) 2022

Yes No

232025 12-09-22

GLOBAL GENES

Part V Type III Non-Functionally Integrated 509(a)(3) Support			
1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations mu Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

7 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) 2022

232026 12-09-22

Schedule A (Form 990) 2022 GLOBAL GENES 26-32 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
	on D - Distributions	a)(5) Supporting Orga	nizations (continued)	Current Year		
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exer	mot purposos	1			
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp					
2	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose					
4	Amounts paid to acquire exempt-use assets	o or supported organizations	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in <b>Part VI</b> )	5			
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which th	e organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2022 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
<u>i</u>	Carryover from 2017 not applied (see instructions)					
_j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A	(Form 990) 2022	GLOBAL GENES		26-3331487 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	<b>mation.</b> Provide the explar , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 lines 2 and 3; Part IV, Sectior	nations required by Part II, line 10; Part II, line 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I n E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; s 2, 5, and 6. Also complete this part for any a	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
232028 12-09-2	22		20	Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

n number

Name of the organizatio	n	Employer identific					
	GLOBAL GENES	26-3331487					
Organization type (chee	ck one):						
Filers of:	Section:						
Form 990 or 990-F7	$\mathbf{X}$ 501(c)( $3$ ) (enter number) organization						

	4947(a)(1) nonexempt charitable trust <b>not</b> 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

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

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

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

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

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

	B (Form 990) (2022)	(c)     (d)       Total contributions     Type of cor      \$     535,000.     Person      \$     535,000.     Payroll       Noncash     (Complete Parnoncash contributions)       (c)     (d)				
lame of o	rganization		Employ	er identification number		
LOBA	L GENES		26-	-3331487		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.				
(a)	(b)	(c)		(d)		
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution		
		\$535,0		Payroll		
(a)	(b)	(c)		(d)		
No.	Name, address, and ZIP + 4	Total contribution		Type of contribution		

(b)

Name, address, and ZIP + 4

(a)

No.

(a)

No.

(a)

No.

(a)

No.

6

223452 11-15-22

5

4

3

Payroll

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Noncash

(Complete Part II for noncash contributions.)

(d) Type of contribution

X

X

X

X

A1701791

472,500.

280,000.

207,500.

80,000.

80,000.

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

Total contributions

\$

\$

\$

\$

\$

	3 (Form 990) (2022)			Page			
ame of oi	rganization		Em	ployer identification number			
LOBAI	L GENES			26-3331487			
Part I	Contributors (see instructions). Use duplicate copies of Part I is	if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	butions	(d) Type of contribution			
7		\$20	<u>0,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	(c) Total contributions Type				
8		\$8	<u>9,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	ibutions	(d) Type of contribution			
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri	ibutions	(d) Type of contribution			
		\$	\$				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri		(d) Type of contribution			

(b)

Name, address, and ZIP + 4

Schedule	B (Form	990)	(2022)

(Complete Part II for noncash contributions.)

Person Payroll Noncash

Person Payroll Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

23 2022.05000 GLOBAL GENES

\$

\$

(c)

**Total contributions** 

14241113 131839 A170179

223452 11-15-22

(a)

No.

Vame of org	(Form 990) (2022) janization		Page C Pa
TLOBAL	GENES		26-3331487
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	re) (d) ک.) Date received	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	

14241113 131839 A170179

Schedule B (Form 990) (2022)

-	B (Form 990) (2022)				Page <b>4</b>			
Name of or	rganization				Employer identification number			
GLOBAI	L GENES				26-3331487			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through <b>(e) and</b> the following charitable, etc., contributions of <b>\$</b>	a line entry. For or	anizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held				
-		(e) Transfe	er of gift					
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No.				() -				
`from Part I	(b) Purpose of gift	(c) Use of g		(d) Desc	ription of how gift is held			
	Transferee's name, address, a	(e) Transfo	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
-	_		sfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
Part I								
-		(e) Transfe	er of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
223454 11-15	-22				Schedule B (Form 990) (2022)			

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SCH	EDULE D	Supplementa	al Financial	Statements		OMB No. 1545-0047
(Form 9	990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10				2022
	nt of the Treasury evenue Service		ttach to Form 990.			Open to Public Inspection
	of the organization				Employe	r identification number
		GLOBAL GENES				6-3331487
Part		tions Maintaining Donor Advised		r Similar Funds or A	ccounts.	Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor adv	rice of funde	(b) Funda an	d ather appoints
4 -			(a) Donor adv		(b) Funds an	d other accounts
		id of year				
		f contributions to (during year)				
		end of year				
		in inform all donors and donor advisors in v		held in donor advised fur	nds	
	-	n's property, subject to the organization's	-			Yes No
		n inform all grantees, donors, and donor a				
	•	oses and not for the benefit of the donor o	•	•		
in	npermissible priva					Yes No
Part	II Conserva	ation Easements. Complete if the org	ganization answered '	'Yes" on Form 990, Part IV	/, line 7.	
<b>1</b> P	Purpose(s) of cons	ervation easements held by the organization	on (check all that app	ly).		
[	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a his	torically impo	rtant land area
[	Protection of	f natural habitat		Preservation of a cer	tified historic	structure
L	Preservation	of open space				
		through 2d if the organization held a qualif	ied conservation cont	tribution in the form of a c		
	ay of the tax year					at the End of the Tax Year
		onservation easements				
	-					
		vation easements on a certified historic stru			2c	
		vation easements included in (c) acquired a	•			
		sted in the National Register		or terminated by the erge	2d	a the tex
	ear	ation easements modified, transferred, re-	easeu, extinguisneu,	or terminated by the organ	nzation duning	
		where property subject to conservation easies	ement is located			
		tion have a written policy regarding the per	-	ection, handling of		
	-	procement of the conservation easements it		······		Yes No
<b>6</b> S	staff and volunteer	r hours devoted to monitoring, inspecting,				
_						
7 A	mount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and	enforcing conservation e	asements dur	ing the year
_						
		vation easement reported on line 2(d) abov				
		(4)(B)(ii)?				Yes No
	-	be how the organization reports conservation		•		
		I include, if applicable, the text of the footn	ote to the organizatio	on's financial statements ti	nat describes	the
Part	III Organiza	ounting for conservation easements. Itions Maintaining Collections of	Art. Historical T	reasures, or Other	Similar As	sets.
		the organization answered "Yes" on Form	-			
1a lf		elected, as permitted under FASB ASC 95		revenue statement and ba	lance sheet v	vorks
	•	asures, or other similar assets held for pub	•			
		Part XIII the text of the footnote to its finar			•	
b lf	the organization	elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and baland	e sheet work	s of
a	rt, historical treas	ures, or other similar assets held for public	exhibition, education	, or research in furtherand	ce of public se	rvice,
р	rovide the followir	ng amounts relating to these items:				
(i)	) Revenue includ	ded on Form 990, Part VIII, line 1			\$	
(ii	i) Assets include	d in Form 990, Part X			\$	
	•	received or held works of art, historical trea			, provide	
	-	ints required to be reported under FASB A	-			
		on Form 990, Part VIII, line 1				
		Form 990, Part X				
	-	eduction Act Notice, see the Instructions	5 TOR FORM 990.		Sche	dule D (Form 990) 2022
232051 09	9-01-22		26			

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Sche	dule D (Form 990) 2022 GLOBAL							26-33			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tre	easures, or	r Other	Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	make sig	nificant ı	use of its			
	collection items (check all that apply):			1							
а	Public exhibition	c	1 L		change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how t	hey further t	he organizatio	on's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								_	_	_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if th	ie organizatio	on answered "	'Yes" on F	Form 990	, Part IV,	line 9, or		
	• •		lion for	contribution	o or other cos	ata nat in	aludad				
1a	Is the organization an agent, trustee, custodi		-						Yes		No
Ь	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟			
D			lowing	lable.					Amoun	t	
с	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 Fo						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	d "Yes" on F	orm 990, Part	IV, line 10	).				
		(a) Current year	(b)	Prior year	(c) Two year	rs back 🛛 (	<b>d)</b> Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	lg, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are held a	nd administer	ed for the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
-	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		wment	funds.							
Fai	Complete if the organization answere		) Dart I	V line 11a 9	See Form 990	Dart X li	no 10				
	Description of property	(a) Cost or o basis (investr			t or other (other)	• •	cumulate reciation	a	<b>(d)</b> Boo	k valu	le
10	Land	· · · · ·	nong	04313		ucp	solution				
	Land										
	Buildings Leasehold improvements										
d	Equipment			20	)4,337.	2	01,83	12.		2.5	25.
	Other			<u> </u>	3,196.		$\frac{3}{3}, 1$			-, -	0.
	. Add lines 1a through 1e. (Column (d) must e		X colu	mn (R) line 1			,			2,5	
		guari onn 000, i dit	<u>,</u>		<u></u>			Schedule			

232052 09-01-22

Schedule	D (Form 990) 2022 GLOBAL GENE	S		26-3331487 Page 3
Part VI				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.	
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	or end-of-year market value
	cial derivatives			
	ly 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 VI	II 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 o	r end-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) line	15)		
Part X	Other Liabilities.	15.)		
T ULC X	Complete if the organization answered "Yes"	on Form 990 Part IV line -	11e or 11f See Form 990 Part X lin	25
	(a) Description of liability			(b) Book value
<u>1.</u>				
	ederal income taxes			
	ONG TERM OPERATING LEASE			
(3) L	IABILITIES			50,483.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990. Part X. col. (B) line	25)		50,483.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

232053 09-01-22

	dule D (Form 990) 2022 GLOBAL GENES		3331487	Page <b>4</b>		
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<del>, ,</del>			
1	Total revenue, gains, and other support per audited financial statements	1	5,563	,598.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	6,163.	-		
b	Donated services and use of facilities	2b		-		
С	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIII.)	2d			_	
е	Add lines 2a through 2d			2e	6	,163.
3	Subtract line 2e from line 1			3	5,557	,435.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	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	5,557	,435.		
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per l	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	7,700,	<u>,189.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	7,700,	<u>,189.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	7,700,	,189.
Pa	t 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	ORGAN	IZAT	ION	IS	EXEMP	T FROM	FE	DERAI	L INC	OME	TAXI	ES U	NDEF	SE	ECTIO	N		
501(	(C)(3)	OF	THE	INT	ERNAL	REVEN	UE	CODE	(THE	COL	DE) A	AND	CORF	ESF	PONDI	NG	STATE	
CODE	E AS A	СНА	RITA	BLE	ORGA	NIZATI	ON	WHERI	EBY C	NLY	UNRI	ELAT	ED E	SUSI	NESS	IN	COME,	
AS I	DENTIE	FIED	BY	SEC	TION	509(A)	(1)	OF 1	гне с	ODE,	IS	SUB	JECI	' TC	) INC	OME	TAX.	
THE	ORGANI	IZAT	ION	HAD	NO U	NRELAT	ED	BUSI	NESS	INCO	DME I	DURI	NG 1	HE	YEAR	EN	DED	
DECE	MBER 3	31,	2022	. A	CCORD	INGLY,	NO	PRO	JISIC	N FC	DR II	NCOM	E TA	XES	5 HAS	BE	EN	
RECO	ORDED ]	IN T	HE A	CCO	MPANY	ING FI	NAN	CIAL	STAT	EMEN	TS.							

# THE ORGANIZATION ADHERES TO THE PROVISIONS OF FASB ASC 740-10-25,

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. IN ACCORDANCE WITH FASB ASC

 740-10-25, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH

 232054 09-01-22
 Schedule D (Form 990) 2022

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 29

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Schedule D (Form 990) 2022     GLOBAL     GENES       Part XIII     Supplemental Information (continued)	26-3331487 Page 5
TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY T	HAN NOT THAT THE
POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELI	EVE THAT 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. YEARS PRIOR TO 2019 ARE NO LONGER S	UBJECT TO U.S.
FEDERAL INCOME TAX EXAMINATION, AND THE ORGANIZATION IS NO	LONGER SUBJECT
TO STATE INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2018.	

232055 09-01-22

(Form 990)         Complete if the organization answered 'Ves' on Form 990, Part IV, line 14b, 15, or 16. Atch to Form 900.         202022 Open to Public Support to Public	SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	tes ⊢	OMB No. 1545-0047
Description         Impact of the organization         Impact of the organization           SLOBAL_GENES         26-3331487           Correct of the organization         26-3331487           Correct of the organization and the latest information.         26-3331487           Correct of the organization and the intervence of the organization answered "Yes" on Form 990, Part IV, line 14b.         26-3331487           1         For grantmakers. Describe in Part V the organization is procedures for monitoring the use of its grants and other assistance outside the United States.         Image Part I in 8 table can be duplicated if additional space is needed)           2         Activities perform (The following Part I, line 3 table can be duplicated if additional space is needed)         (a) Region         (b) Number of I (a) Activities conducted in the region         (b) Region in the region in t	<i>i</i>	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, c	or 16.	2022
Name of the organization     Employer identification number       GLOBAL GENES     26-3331487       Part II General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.     For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, it the grants or assistance outside the united States.       2     For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.       3     Activities per Region. The following Part I, line 3 table can be deplicated if additional space is needed)       (a) Region     (b) Number of (b) Number of (b) Contractore in the region of							
GLOBAL GENES       26-3331487         Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. Ine 14b.       Ine 14b.         1 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.       Image: Complete in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         2 Activities per Region. The following Part I. line 3 table can be duplicated if additional space is needed.       (e) Region       (f) Total formation (g) the region for the region of the region for the region of the		Go to _W	ww.irs.gov/Form	$_{1990}$ for instructions and the latest in	nformation.		•
Part I       General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.         1       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         3       Activities per Region (the following Part I, line 3 table can be duplicated if additional space is needed)         (a) Region       (b) Number of circles (circles, investments, grants to a program service, investments, in the region in the region of and independent of the region of service(s) in the region of a service(s) in the region of service(s) in the	Name of the organization					Employer ide	ntification number
Form 990, Part IV, line 14b.         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance?       Image: Constraints of the grants or assistance?       Image: Constraints of the grant o	GLOBAL GENES					26-3331	487
1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance; the grantees' eligibility for the grants or assistance; and the selection orderia used to award the grants or assistance?       Image: Transmission of the grants or assistance; Transmission or monitoring the use of its grants and other assistance outside the United States.         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         3       Activities oper Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)         (a) Region       (b) Number of organization sprocedures for monitoring the use of its grants and other assistance (transmission); pro- region services, instruction in the region         (a) Region       (b) Number of organization sprocedures for monitoring the use of its grants and other assistance (transmission); pro- region services, instruction in the region         EUROPE (INCLUDING       (a) REENLAND)       (b) Advirtus conducted in the region         SUB-SAHARAN AFRICA       DRANTS TO RECIPIENTS       7, 500.         SUB-SAHARAN AFRICA       DRANTS TO RECIPIENTS       7, 500.         Intel state is a service in second and the second advirtual	Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answere	d "Yes" on
the grantees' eligibility for the grants or assistance, and the selection citeria used to avard the grants or assistance?	Form 990, Part IV	/, line 14b.					
United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of entropy (c) Number of entropy (c) Number of entropy (c) Number of entropy (c)	-	÷					X Yes No
(a) Region       (b) Number of offices in the region       (c) Number of offices in the region       (c) Number of offices agents, and independent contractors       (c) Number of by type (sub- contractors       (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region       (f) Total expenditures for and investments in the region         EUROPE (INCLUDINO ICELAND & GREENLAND)       BRANTS TO RECIPIENTS       240,494.         SUB-SAHARAN APRICA       SRANTS TO RECIPIENTS       7,500.         SUB-SAHARAN APRICA       Imagendent SUB-SAHARAN APRICA       Imagendent SUB-SAHARAN APRICA       Imagendent SUB-SAHARAN APRICA	-	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	ner assistance o	outside the
EUROPE (INCLUDING     expendication of the region in the reg		ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
EUROPE (INCLUDING ICELAND & GREENLAND)     In the region     SRANTS TO RECIPIENTS     240,494.       SUB-SAHARAN AFRICA     SRANTS TO RECIPIENTS     7,500.	(a) Region	offices	employees, agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a prog describe	gram service, specific type	expenditures for and investments
ICELAND & GREENLAND)     SRANTS TO RECIPIENTS     240,494.       SUB-SAHARAN AFRICA     BRANTS TO RECIPIENTS     7,500.				recipients located in the region)	OI Service	(s) in the region	in the region
SUB-SAHARAN AFRICA         GRANTS TO RECIPIENTS         7,500.				GRANTS TO RECIPTENTS			240 494
3 a Subtotal     0     0     247,994.	SUB-SAHARAN AFRICA			GRANTS TO RECIPIENTS			7,500.
3a Subtotal     0     0     247,994.							
3a Subtotal mumma         0         0         247,994.							
3a Subtotal         0         0         247,994.							
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3a Subtotal         0         0         247,994.							
3 a Subtotal         0         0         247,994.							
3 a Subtotal         0         0         247,994.							
Image: Subtotal memory         0         0         247,994.							
3 a Subtotal         0         0         247,994.							
3 a Subtotal							
3 a Subtotal         0         0         247,994.							
3 a Subtotal         0         0         247,994.							
3 a Subtotal         0         0         247,994.							
3 a Subtotal         0         0         247,994.							
3 a Subtotal         0         0         247,994.							
3 a Subtotal         0         0         247,994.							
<b>3 a</b> Subtotal 0 0 247,994.							
	3 a Subtotal	0	0				247,994.
b Total from continuation	<b>b</b> Total from continuation						
sheets to Part I 0 0 0 0.		0	0				0.
c Totals (add lines 3a and 3b)         0         0         247,994.		0	0				247 994

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

Schedule F (Form 990) 2022

232071 10-17-22

GLOBAL GENES Schedule F (Form 990) 2022 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable) (c) Region		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	MEET-UPS GRANTS	7,500.		Ο.		
		EUROPE (INCLUDING						
		ICELAND &	UKRAINE/RARE RELIEF					
		GREENLAND)	GRANT	30,000.		٥.		
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	UKRAINE/RARE RELIEF GRANT	20,000.		0.		
		GREENDAND /	GIANI	20,000.		0.		
		EUROPE (INCLUDING						
		ICELAND &	UKRAINE/RARE RELIEF					
		GREENLAND)	GRANT	30,000.		٥.		
		EUROPE (INCLUDING						
		ICELAND &	UKRAINE/RARE RELIEF					
		GREENLAND)	GRANT	20,000.		Ο.		
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	UKRAINE/RARE RELIEF GRANT	20,000		Ο.		
		GREENLAND)	GRANT	20,000.		0.		
		EUROPE (INCLUDING						
		ICELAND &	UKRAINE/RARE RELIEF					
		GREENLAND)	GRANT	48,494.		٥.		
		EUROPE (INCLUDING ICELAND &	UKRAINE/RARE RELIEF					
		GREENLAND)	GRANT	50,000.		Ο.		
2 Enter total number of	recipient organizatio		recognized as charities by the		recognized as a tax			
			or counsel has provided a sec			▶		0
	•	-			• • • • • • • • • • • • • • • • • • • •			9

#### Page 2

26-3331487

Schedule F (Form 990	) GLOBA	L GENES			Page <b>2</b>			
		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organiza	ation (b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH EQUITY GRANT	15,000.		0.		

Schedule	e F (Form 990) 2022	LOBAL GENES			2	5-3331487		Page 3
Part III	Grants and Other Assistance	ce to Individuals Outsid	e the United Sta	i <b>tes.</b> Complete i	if the organization answered "Yes" o	on Form 990, Part	IV, line 16.	
	Part III can be duplicated if a	dditional space is neede	d		r			
(a) ⊺	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Scheo	lule F (Form 990) 2022 GLOBAL GENES	26-3331487	Page <b>4</b>
Par	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

# Schedule F (Form 990) 2022 GLOBAL GENES Part V Supplemental Information

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

PART I, LINE 2:

THE GRANTEE AGREES TO SUBMIT A FINAL EVALUATION REPORT TO THE

ORGANIZATION FOR REVIEW ON OR BEFORE THE DUE DATE. FAILURE TO SUBMIT

FINAL REPORTING AND PARTICIPANT SURVEY DATA (IF APPLICABLE) BY THIS DATE

WILL REQUIRE ANY AND ALL FUNDS AWARDED TO THE GRANTEE TO BE RETURNED THE

#### ORGANIZATION.

Schedule F (Form 990) 2022

232075 10-17-22

SCHEDULE I (Form 990)	Go	Frants and Other of the organization of the or	nd Individual	s in the Ŭni ⁻	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Co to youry ir	Attach to Form		ation		Open to Public Inspection
Name of the organization		GO to www.ir	s.gov/Form990 for	the latest informa	ation.		Employer identification numbe
GLOBAL	ENES						26-3331487
Part I General Information on Grants	s and Assistance						
<ol> <li>Does the organization maintain record criteria used to award the grants or as</li> <li>Describe in Part IV the organization's</li> <li>Part II Grants and Other Assistance</li> </ol>	ssistance? procedures for monit to Domestic Organiz	oring the use of grant zations and Domesti	funds in the United c Governments. C	States. Somplete if the orga			X Yes N
recipient that received more that					(f) Method of		
<b>1 (a)</b> Name and address of organization or government	i <b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PRADER-WILLI SYNDROME ASSOCIATION USA – 1032 E BRANDON BLVD #4744 – BRANDON, FL 33511		501(C)(3)	7,500.	0.			FAIR GRANT
TEAM TELOMERE INC 1801 N 3RD STREET #7 COEUR DALENE, ID 10028	26-3776187	501(C)(3)	7,500.	0.			FAIR GRANT
ALAAFIA WOMEN'S CORPORATION 1037 W MCKINLEY AVE MILWAUKEE, WI 53205	84-4761643	501(C)(3)	7,500.	0.			FAIR GRANT
DREAMSICKLE KIDS FOUNDATION, INC. 5895 E LAKE MEAD SUITE 6 #204 LAS VEGAS, NV 89156	82-4557748	501(0)(3)	7,500.	0.			FAIR GRANT
NDO US ORGANIZATION FOR RARE DISEASES - 13687 NEIL ARMSTRONG AVE, HERNDON, VA 20171 - HERNDON,							
VA 20171 FOUNDATION FOR SARCOIDOSIS RESEARCH (19) - 320 W. OHIO STREET, SUITE 300 - CHICAGO, IL	84-3794099	DUT(C)(3)	7,500.	0.			FAIR GRANT
60654	36-4378232	501(C)(3)	7,500.	Ο.			FAIR GRANT

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) 2022

Schedule I (Form 990) GLOBAL GEI							26-3331487 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIBROUS DYSPLASIA FOUNDATION BOX 1199 4701 SANGAMORE ROAD SUITE BETHESDA, MD 20816	02-0715210	501(C)(3)	6,560.	0.			FAIR GRANT
THE GLOBAL FOUNDATION FOR PEROXISOMAL DIS - P.O. BOX 33238 -							
TULSA, OK 74153	27-3646193	501(C)(3)	7,500.	0.			FAIR GRANT
RAYMOND A. WOOD FOUNDATION 12417 OCEAN GATEWAY SUITE B11 #108 OCEAN CITY, MD 21842	81-4548646	501(C)(3)	13,921.	0.			HEALTH EQUITY GRANT
MYHRE SYNDROME FOUNDATION 25 CREEKWOOD CIRCLE							
RICHARDSON, TX 75080	83-4086943	501(C)(3)	14,865.	0.			HEALTH EQUITY GRANT
TEAM TELOMERE INC 1801 N 3RD STREET #7 COEUR DALENE, ID 10028	26-3776187	501(C)(3)	15,000.	0.			HEALTH EQUITY GRANT
PFIC NETWORK, INC. PO BOX 551							
STANTON, KY 40380	83-1084501	501(C)(3)	15,000.	0.			HEALTH EQUITY GRANT
SCN2A ASIA PACIFIC 2367 CARSON DRIVE							
ALLISON PARK, PA 15101	75-9675717	501(C)(3)	15,000.	0.			HEALTH EQUITY GRANT
CYSTIC FIBROSIS RESEARCH, INC. (18) - 1731 EMBARCADERO ROAD,SUITE							
, 210 - PALO ALTO, CA 94303	51-0169988	501(C)(3)	10,000.	0.			HEALTH EQUITY GRANT
COMBINEDBRAIN INC 1510 OLD HICKORY BLVD							
BRENTWOOD, TN 37027	83-1825692	501(C)(3)	15,000.	0.			HEALTH EQUITY GRANT

Schedule I (Form 990) GLOBAL GE							26-3331487 Page
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLEEDING DISORDERS ALLIANCE OF ILLINOIS – 210 S. DESPLAINES ST.,BDAI – CHICAGO, IL 60661	36-2390156	501(C)(3)	15,000.	0.			MEET-UPS GRANTS
PHELAN-MCDERMID SYNDROME FOUNDATION – 8 SORRENTO DRIVE – OSPREY, FL 34229	04-3673104	501(C)(3)	14,000.	0.			MEET-UPS GRANTS
CONGENITAL HYPERINSULINISM INTERNATIONAL – PO BOX 135 – GLEN RIDGE, NJ 07028	20-3068945	501(C)(3)	11,137.	0.			MEET-UPS GRANTS
HELPING HANDS FOR GAND, INC. P.O. BOX 5304 HUNTSVILLE, AL 35814	47-5166628	501(C)(3)	15,000.	0.			MEET-UPS GRANTS
YOUNGTIMERS, INC. 887 W. 15TH STREET APT. A203 NEWPORT BEACH, CA 92663	85-2782466	501(C)(3)	8,276.	0.			MEET-UPS GRANTS

Schedule   (Form 990) 2022 GLOBAL GENES					26-3331487	Page <b>2</b>
Part III         Grants and Other Assistance to Domestic Individuals           Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance

**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:

THE GRANTEE AGREES TO SUBMIT A FINAL EVALUATION REPORT FOR GG REVIEW ON OR

BEFORE THE CONTRACTED DUE DATE. FAILURE TO SUBMIT FINAL REPORTING AND

PARTICIPANT SURVEY DATA (IF APPLICABLE) BY THIS DATE WILL REQUIRE ANY AND

ALL FUNDS AWARDED TO THE GRANTEE TO BE RETURNED GG.

DocuSign Envelope ID: 09B6C26B-B64E-442B-A96F-BFCF088ACAD9

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23	2	20	<b>_</b> _	-
Depa	rtment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	1	Inspe		
Nan	ne of the organizatior			identificatio		mber
Da	rt I Question	GLOBAL GENES s Regarding Compensation	26-	333148	/	
Fa		s negariting compensation			¥.	
10	Chack the approprie	ate box(es) if the organization provided any of the following to or for a person listed on Fo	m 000		Yes	No
1a		line 1a. Complete Part III to provide any relevant information regarding these items.	m 990,			
	First-class or c		sonaluso			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation f				
		spending account				
			icui, cricij			
h	If any of the boxes (	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors				
_		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	and one of					
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organizatio	ı's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organiz				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant Compensation survey or study				
	X Form 990 of ot		n 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 rel	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 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 o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	tion			
	contingent on the re					
а	The organization?			<u>5</u> a		X
b	Any related organization	ation?		5b		X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	tion			
	contingent on the n	-				
а						X
b		ation?		<u>6b</u>		X
		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payme				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					<u> </u>
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990	) 2022

232111 10-18-22

GLOBAL GENES

#### 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CRAIG MARTIN	(i)	420,000.	0.	0.	0.	0.	420,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	160,475.	0.	0.	0.	78.	160,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	158,312.	0.	0.	0.	78.	158,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							<u> </u>
	(ii)							

Schedule J (Form 990) 2022

Page 2

26-3331487

Schedule J		GENES	26-3331487	Page 3
Part III S	upplemental Information			

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

Schedule J (Form 990) 2022

SCHEDULE L	insactior	ns V	Vith	Interested	Perso	ons			0	MB No.	1545-004	47			
(Form 990)	Complete if t	if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.							2022 Open To Public						
Department of the Treasury Internal Revenue Service	reasury						Inspection								
Name of the organization								Employer identification 26-3331487							
Part I Excess E	GLOBAL Benefit Trans	-		71/0//2	) cooti	on 501(c)(4), and sec	otion 501/c	)/20) orac				87			
						urt IV, line 25a or 25b									
1			Relationship betv	ween o	disqual	ified						(d)	Corre	cted?	
(a) Name of disqualified person		person and organization			(c) Description of trans				Isaction			Yes			
												_			
												-			
<b>.</b>															
2 Enter the amount o section 4958	-		-	-						\$					
3 Enter the amount o						ganization									
	o and/or Fror														
-	-					Part V, line 38a or F	Form 990, I	Part IV, lir	ie 26; o	or if th	e orga	nizatio	on		
reported ar (a) Name of	n amount on For (b) Relatio		(c) Purpose	1	<ol> <li>∠.</li> <li>an to or</li> </ol>	(e) Original (f) Balance due			(g) In		(h) Approved (i)		(i) W	) Written	
interested person	with organ		of loan	from the organization?		principal amount			default?		by board or committee?		agreement?		
				То	From				Yes	No	Yes	No	Yes	No	
Total						\$	I			1		1			
	or Assistance		-												
	f the organizatio														
(a) Name of interested person			(b) Relationship between interested person and the organization			<b>(c)</b> Amount of assistance	<b>(d)</b> Type assistar				•	(e) Purpose of assistance			
		_								-+					
		_								-+					
												<i></i>			

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule L (Form 990) 2022 GLOE Part IV Business Transactions Inv	26-3331	Page <b>2</b>				
	-					
(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28           (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
					No	
CRAIG MARTIN	INTERIM CEO	420,000.	CONSULTING		X	
Part V Supplemental Information				1	<u> </u>	
	esponses to questions on Schedule L (see in	nstructions)				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:			
(A) NAME OF PERSON: CRAI	G MARTIN					

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### INTERIM CEO

(C) AMOUNT OF TRANSACTION \$ 420,000.

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L PART V

CRAIG MARTIN, THE INTERIM CEO, OF THE ORGANIZATION IS THE THE OWNER OF

RITHM HEALTH AND WAS PAID \$420,000 FOR CONSULTING SERVICES.

Schedule L (Form 990) 2022

232132 11-01-22

#### OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization GLOBAL GENES 26-3331487 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND RARE DISEASE FOUNDATIONS IN PERSON, PRINT AND ONLINE. SECTION A, LINE 2: FORM 990, PART VI, TIM O'CONNOR/NPSS CORPORATION - HUSBAND OF MARY K. O'ONNOR, EMPLOYEE

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

FORM 990, PART VI, SECTION A, LINE 4:

ON DECEMBER 30, 2022, GLOBAL GENES AND RARE-X MERGED. THE SURVIVING

ORGANIZATION IS GLOBAL GENES. RARE-X PROVIDED A COLLABORATIVE PLATFORM FOR

GLOBAL DATA SHARING AND ANALYSIS TO ACCELERATE TREATMENTS FOR RARE DISEASE.

WITH THE MERGER, GLOBAL GENES SEEKS TO FURTHER ITS CHARITABLE MISSION OF

EMPOWERING NEXT-GENERATION ADVOCATES TO DRIVE PROGRESS WITHIN AND ACROSS

RARE DISEASES, PROVIDING RARE DISEASE ADVOCATES WITH A CONTINUUM OF

SERVICES, RESOURCES AND CONNECTIONS TO ACCELERATE THE PATH FROM INITIAL

SUPPORT AND AWARENESS THROUGH DIAGNOSIS, DRUG DEVELOPMENT AND ACCESS TO

TREATMENTS, USING A COLLABORATIVE APPROACH THAT INVOLVES BIOPHARMA,

CLINICIANS, RESEARCHERS AND FUNDERS, AND FACILITATING ACCESS TO INFORMATION

AND RESOURCES TO THOSE AFFECTED BY RARE DISEASES AROUND THE GLOBE. THE

COMBINED ORGANIZATION WILL ALSO BENEFIT FROM COMPLEMENTARY PROGRAMMING,

TALENT, GLOBAL BRAND RECOGNITION, AND REACH OF EACH PARTY. THE PARTIES

BELIEVE THAT THEIR RESPECTIVE MISSIONS WILL BE ACHIEVED BEST BY CREATING A

SINGLE, INTEGRATED ORGANIZATION TO PROVIDE FOR THE COMMUNITY AS OUTLINED

ABOVE.

THERE WERE NO MATERIAL ADJUSTMENTS TO CONFORM THE ACCOUNTING POLICIES OF

THE COMBINING ORGANIZATIONS.

Name of the organization

GLOBAL GENES

26-3331487

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. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022.

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS OWN WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

MERGER - RARE - X NET ASSETS

309,021.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

232212 10-28-22