### **Return of Organization Exempt From Income Tax**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

ч г	OI UI	e 2020 Calendar year, or tax year beginning	enung				
	Check if pplicab	C Name of organization	_	D Employer identific	cation number		
	Addre						
	Name chang	Doing business as		26-333148	87		
	_Initial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•		
	Final	28 ARGONAUT, SUITE 140 & 150		(949) 248	8-7273		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,567,077.			
	Amen return	ded ATTCO VITETO CA 02656		H(a) Is this a group re			
	Application			for subordinates			
	pendi	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No				
ΙT	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) €	or 527	1	list. See instructions		
		te: > GLOBALGENES.ORG	<u> </u>	H(c) Group exemption			
		f organization: X Corporation Trust Association Other	L Year	<del> </del>	1 State of legal domicile: CA		
Pa	art I	Summary	1 = 100.	51 151 11 au 51 1	. Otato of rogal dominono,		
	1	Briefly describe the organization's mission or most significant activities: INCR	EASE P	UBLIC AWAREN	NESS FOR		
<u>8</u>	'	RARE DISEASE AND GLOBALLY CONNECT, EMPOWE					
nar	2	Check this box  if the organization discontinued its operations or dispos					
Λer	3			3	11		
ဗွ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9		
<u>«</u> ۆ	1 -	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			27		
ij	6	Total number of volunteers (estimate if necessary)			0		
Activities & Governance				7a	0.		
Ă	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		The arrest of the second of th		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		5,297,898.	3,867,120.		
ЭП	9	Program service revenue (Part VIII, line 2g)		1,667,194.	1,688,650.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,101.	11,307.		
æ	I .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,988,193.	5,567,077.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		695,910.	603,390.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	45	Salaries other compensation employee henefits (Part IX column (A) lines 5.10)		2,036,801.	2,608,063.		
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	64.	• •			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,731,996.	1,954,972.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,464,707.	5,166,425.		
		Revenue less expenses. Subtract line 18 from line 12		523,486.	400,652.		
r s				ginning of Current Year	End of Year		
t Assets or nd Balances	20	Total assets (Part X, line 16)		2,925,050.	3,087,118.		
Ass I Ba	21	Total liabilities (Part X, line 26)		1,283,097.	1,044,513.		
<u>se</u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,641,953.	2,042,605.		
Pa	art II	Signature Block		,	· · ·		
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			•		
Sigr	n	Signature of officer		Date			
Her		▶ PETER PELLIZZON, CHAIRMAN					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
aid	ı	TINA HENTON TINA HENTON	1	$\lfloor 1/11/21  vert^{ ext{if}}$ self-employe	P00630282		
rep	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749		
Jse	Only	Firm's address 2210 EAST ROUTE 66					
	-	GLENDORA, CA 91740		Phone no. (6	26) 857-7300		
Mav	/ the II	RS discuss this return with the preparer shown above? See instructions			X Yes No		
,							

Form	1 990 (2020) GLOBAL GENES	26-3331487 Page <b>2</b>
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  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.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any for each program service reported.	ers, the total expenses, and
4a	(Code:) (Expenses \$4 , 417 , 753 . including grants of \$603 , 390 . ) (Revertible Filter	1,688,650.)
	OUTREACH SERVICES	,
	PROVIDE CAPACITY BUILDING EDUCATIONAL AND CONNECTIVE NET	WORKING
	OPPORTUNITIES TO PATIENTS, CAREGIVERS AND DISEASE FOUNDA	
	PERSON MEETINGS, PRINT AND ONLINE TOOLS AND ONLINE EDUCA	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$
		, ,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)

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Form	1990 (2020) GLOBAL GENES 26-3331	<u>.40/</u>	Р	age 🍑
Pa	rt 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?	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		Х

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

or more? If "Yes," complete Schedule F, Parts I and IV

foreign organization? If "Yes," complete Schedule F, Parts II and IV 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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

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17

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14a Did the organization maintain an office, employees, or agents outside of the United States?

Х

X

X

X

Х

X

14a

16

18

19

20a

20b

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Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
032004	1 12-23-20	Form	990	(2020)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 27									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,,						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.			37						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

GLOBAL GENES Form 990 (2020)

26-3331487 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line ed, ed, or red selection and circumstances, proceededs, or changes on constant ed.			77
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		77	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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 books and records			
	FOHRMAN & FOHRMAN - (949) 458-0836			
	30071 TOMAS, STE 250, RANCHO SANTA MARGARITA, CA 92688			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	J. ga		((	<b>C)</b>		Jule	(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle:	ss per	more son is	than o s both r/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stitutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KIMBERLY HAUGSTAD (TERM END 10/	40.00	-						245 245		
CEO (FORMER)	1						Х	317,847.	0.	0.
(2) PAM FERRIS	40.00	-						100 010		
VP DEVELOPMENT & MARKETING	1				Х			192,019.	0.	0.
(3) CHRISTIAN RUBIO	40.00	-						100 445		•
VP STRATEGIC ADVANCEMENT	40.00	-	_		Х			188,417.	0.	0.
(4) NICOLE BOICE	40.00							150 410	•	•
FOUNDER	40.00	Х		Х				159,410.	0.	0.
(5) MARY K O'CONNOR	40.00	-				,,		150 000	0	0
DIR. CORPORATE ENG	40.00					Х		150,000.	0.	0.
(6) SUSAN BRISENDINE	40.00	-				,,		100 007	0	0
DIR. ENGAGEMENT PROGRAMS	40.00		_			X		120,887.	0.	0.
(7) MELISSA STRODTBECK	40.00	-		7,7				04 720	0	0
FIN. DIRECTOR	40.00			Х				94,739.	0.	0.
(8) CRAIG MARTIN (TERM START 10/25) CEO (NEW)	40.00	Х		х				35,000.	0.	^
(9) CAROLINE LOEWY	1.00	Λ		^				33,000.	0.	0.
DIRECTOR	1.00	Х		х				0.	0.	0.
(10) JOHN CROWLEY	1.00	Δ		^				0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(11) HUGH HEMPEL	1.00	Λ	$\vdash$					· ·	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(12) PETER PELLIZZON	1.00	22							<b>.</b>	<u></u>
TREASURER	1.00	х		х				0.	0.	0.
(13) BRAD MARGUS	1.00									
DIRECTOR		х						0.	0.	0.
(14) CHRISTINA M. HARTMAN	1.00								•	
DIRECTOR		х						0.	0.	0.
(15) KATIE STEVENS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) NEIL KUMAR	1.00									
DIRECTOR		Х						0.	0.	0.
(17) INDU NAVAR	1.00									
DIRECTOR		Х						0.	0.	0.
032007 12-23-20										Form <b>990</b> (2020)

Form 990 (2020) GLOBAL GENES 26 – 3331487 Page 8

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

Section A. Officers, Directors		DIOYE	ees,			nest	C	ompensated Employee	s (continued)	<del></del>			
(A)	(B)							(D)	(E)			(F)	
Name and title	Average	(do not check more than one						Reportable	Reportable		Est	timate	d
	hours per	box,	unles	s pers	son is	both a	an	compensation	compensatio	I			of
	week	$\vdash$	Cran	a a an		711 4310	·C)	from	from related	- 1	s compensa		
	(list any hours for	ndividual trustee or director						the	organization (W-2/1099-MIS				
	related	eord	tee			sated		organization (W-2/1099-MISC)	(88-2/1099-18113	,0)		anizati	
	organizations	ruste	ll trus		ee e	mpen		(***271099****100)			_	l relate	
	below	dual t	Institutional trustee	_	oldm	st co	er					nizatio	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				Ŭ		
										$\longrightarrow$			
		-											
					$\dashv$					$\dashv$			
		1											
		Н								$\longrightarrow$			
		1											
		Н		_	$\dashv$					$\dashv$			
		1											
		$\vdash$								$\rightarrow$			
		1											
1b Subtotal						>	<u> </u>	1,258,319.		0.			0.
c Total from continuation sheets to l	Part VII, Section A					>	<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,258,319.		0.			0.
2 Total number of individuals (including	g but not limited to th	ose l	liste	d ab	ove)	who	re	ceived more than \$100,	000 of reportable	;			
compensation from the organization	<b>&gt;</b>											1	6
										Г		Yes	No
3 Did the organization list any former	,	,	,	•	,	,	•		,			v	
line 1a? If "Yes," complete Schedule											3	Х	
4 For any individual listed on line 1a, is	·		•					•	· ·			х	
and related organizations greater tha			•							·····	4	^	
5 Did any person listed on line 1a rece									lual for services		_		Х
rendered to the organization? If "Yes Section B. Independent Contractors	s." complete Schedul	e J fo	or su	ch p	ersc	on					5		
Complete this table for your five high	nest compensated inc	leper	nder	nt co	ntra	ctors	th	at received more than \$	100.000 of comp	ensat	ion fro	m	
the organization. Report compensati													
	(A)							(B)			(C		
	isiness address						4	Description of s	ervices	C	omper	satior	า
LEVINE MEDIA GROUP		70'	7				ļ	PDIMODIAL CEI	DITTORC		1 2 5	7 24	<b>5</b> 0
21 KINGSTON RD, KESING	310N, CA 34	70					╣	EDITORIAL SEI	XVICES		12	7,26	50.
							$\dashv$						
							1						
O Tatal assessment as a Charles	akana (in altradia d	-4 "		1- "	l= -	_ !: : :		ala aval vota a va a d	a. Ala a				
2 Total number of independent contract \$100,000 of compensation from the		or iim	nted	io t	1056	e iiste	ad	above) who received mo	ле шаП				

Form 990 (2020) GLOBAL
Part VIII Statement of Revenue

GLOBAL GENES

26-3331487

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			Charle if Cahadula Chartaine a reanance	or note to any lim	no in this Dort VIII			
			Check if Schedule O contains a response	or note to any iir	<u>(A)</u>	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
S. S	1	а	Federated campaigns 1a					
ant	·							
يج و					-			
is, An			Fundraising events 1c		-			
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d		-			
S, E		е	Government grants (contributions) 1e	285,247.				
Sign		f	All other contributions, gifts, grants, and					
P E				581,873.				
풀혀		~	Noncash contributions included in lines 1a-1f	, , , , , , , , , , , , , , , , , , , ,	-			
o		_		<b>•</b>	3,867,120.			
<u>O</u> 8		n	Total. Add lines 1a-1f		5,007,120.			
				Business Code	4 44 5 6 5 0	4 44 5 6 5 6		
ĕ	2		MEMBERSHIP FEES	900099	1,415,650.	1,415,650.		
Σ̈́		b	CONFERENCE SPONSORSHIP	900099	273,000.	273,000.		
Program Service Revenue		С						
E S		d						
gra		_						
ro		-	All					
ъ.			All other program service revenue		1 600 650			
		g	Total. Add lines 2a-2f		1,688,650.			
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)		11,307.			11,307.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	_		(i) Real	(ii) Personal				
	_	_		(.,,	1			
			Gross rents 6a		-			
		b	Less: rental expenses 6b		-			
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<b>)</b>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		h	Less: cost or other basis		-			
o)		D						
Ž			and sales expenses		-			
Revenue			Gain or (loss) <b>7c</b>					
		d	Net gain or (loss)	<u></u>				
ЭĒ	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	<b>_</b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	1				
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		_	and allowances 10a					
					1			
			Less: cost of goods sold10k					
		С	Net income or (loss) from sales of inventory					
S				Business Code				
Ö 6	11	а						
ane Dug		b						
Miscellaneous Revenue		С						
Sc			All other revenue					
Σ			Total. Add lines 11a-11d	<b>&gt;</b>				
		<del>U</del>			5 567 077	1 688 650	0.	11 207
	12		Total revenue. See instructions	·····	5,567,077.	<u>μ,000,030.</u>	<u> </u>	11,307.

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Form 990 (2020) GLOBAL GENES
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	F00 000	F00 000		
_	and domestic governments. See Part IV, line 21	529,000.	529,000.		
2	Grants and other assistance to domestic	60 200	60 200		
_	individuals. See Part IV, line 22	69,390.	69,390.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	5,000.	5,000.		
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members	3,000.	3,000.		
5	Compensation of current officers, directors,				
3	trustees, and key employees	793,022.	724,863.	63,002.	5,157.
6	Compensation not included above to disqualified	75570220	72170031	03,0021	37137
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,621,428.	1,280,507.	316,043.	24,878.
8	Pension plan accruals and contributions (include	-,,	_,	,	= = , = . • •
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	193,613.	161,623.	29,560.	2,430.
11	Fees for services (nonemployees):	,	·	,	•
а	Management				
	Legal	3,200.	900.	2,300.	
	Accounting	-			
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	83,369.	69,595.	12,728.	1,046.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	117,403.	98,005.	17,925.	1,473. 1,206.
17	Travel	110,533.	105,745.	3,582.	1,206.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2.50			
19	Conferences, conventions, and meetings	368.		368.	
20	Interest				
21	Payments to affiliates	CO 401	EE 004	10 506	001
22	Depreciation, depletion, and amortization	69,401.	57,934.	10,596.	871.
23	Insurance	15,028.	10,205.	4,670.	153.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OUDGEDE GERTZEGEG	662,820.	610,059.	24,766.	27,995.
a b	COMPLIENT AND COUNTY DE	256,297.	155,268.	74,321.	26,708
C	CUIDDI TEC	217,957.	204,096.	12,012.	1,849.
d	DDOGDAM ANADHMING	94,381.	94,171.	,	210.
	All other expenses	324,215.	241,392.	80,035.	2,788.
25	Total functional expenses. Add lines 1 through 24e	5,166,425.	4,417,753.	651,908.	96,764.
<u>25                                    </u>	Joint costs. Complete this line only if the organization	-, ,	_,, , , , , , , , , , , , , , , , ,	,	20,,01
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Part X | Balance Sheet

GLOBAL GENES

Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 

X

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Net assets with donor restrictions

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Net assets without donor restrictions

Total liabilities and net assets/fund balances

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Pai	<u>τ χ</u>	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,405,810.	1	2,535,442.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			147,808.	3	109,012.
	4	Accounts receivable, net			6,910.	4	44,324.
	5	Loans and other receivables from any current or f	ormer	officer, director,			
		trustee, key employee, creator or founder, substa	ntial c	contributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	rsons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
LS	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		7,320.	8	4,299. 302,977.	
Ĭ	9	Prepaid expenses and deferred charges	196,590.	9	302,977		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		294,220.			
	b	Less: accumulated depreciation	10b	213,143.	150,625.	10c	81,077.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			9,987.	15	9,987.
	16	Total assets. Add lines 1 through 15 (must equal			2,925,050.	16	3,087,118.
	17	Accounts payable and accrued expenses			322,199.	17	66,213.
	18	Grants payable				18	
	19	Deferred revenue			725,611.	19	826,214.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	of Schedule D		21		
S	22	Loans and other payables to any current or forme	er offic	er, director,			
Ĭ		trustee, key employee, creator or founder, substa	ntial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ons		22	
	23	Secured mortgages and notes payable to unrelate	ed thir	rd parties		23	

3,087,118. Form **990** (2020)

2,042,605.

152,086.

1,044,513.

1,933,593.

109,012.

24

26

27

29

30

31

32

235,287.

1,283,097.

1,494,144.

1,641,953.

2,925,050.

147,809.

Net Assets or Fund Balances

27

32

GLOBAL GENES 26-3331487 Page 12 Form 990 (2020) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 5,567,077. Total revenue (must equal Part VIII, column (A), line 12) 5,166,425. Total expenses (must equal Part IX, column (A), line 25) 2 2 400,652. Revenue less expenses. Subtract line 2 from line 1 3 3 1,641,953. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 2,042,605. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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 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? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

032012 12-23-20

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization

Inspection Employer identification number

			AL GENES					26-3331487				
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.					
he	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1	$\bigcap$	A church, convention of ch					I)(A)(i).					
2	$\Box$	A school described in <b>sect</b> i	*									
3	一			·			i).					
4	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
•		city, and state:	ation operated in cor	ijanotion with a noopital	accombca	III SCCIIO	ii irolog igaging. Emo	the hoopital o hame,				
5		An organization operated for	or the benefit of a col	logo or university owner	l or operat	od by a go	wornmontal unit doscrib	od in				
3	ш			lege of university owner	or operat	ed by a go	verninental unit describ	ed III				
_		section 170(b)(1)(A)(iv). (C										
6		A federal, state, or local gov	•				• •					
7	X	An organization that norma	•	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	•									
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or				
		university:										
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, ar	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	•	vely to test for public sa	fety. See	section 50	09(a)(4).					
12	$\Box$	An organization organized a	· ·	•	•			purposes of one or				
		more publicly supported or	· ·	•	-		· · · · · · · · · · · · · · · · · · ·	• •				
		lines 12a through 12d that	-									
а		Type I. A supporting orga	* *				· · · · · · · · · · · · · · · · · · ·	aivina				
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_						
		• • • •			majority C	i the direc	iors or trustees or trie s	apporting				
<b>L</b>		organization. You must o	-		ion with its		od ovacnization(a) by ba	vina				
b		<b>Type II.</b> A supporting org	•					•				
		control or management o			ame perso	ns that co	ntroi or manage the sup	ропеа				
		organization(s). You mus										
С			-				• •	ed with,				
		its supported organization		·								
d			•					* /				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attent	veness				
	_	requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.					
е		□ Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or										
f	Ente	er the number of supported o	organizations									
g		vide the following information			I (iii) la tha assa							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
Ota												

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

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

Sec	ction A. Public Support	71	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			. ,	. ,	.,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	3892521.	4076960.	4955803.	5297898.	3581873.	21805055.
2	Tax revenues levied for the 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	3892521.	4076960.	4955803.	5297898.	3581873.	21805055.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2996201.
6	Public support. Subtract line 5 from line 4.						18808854.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
	Amounts from line 4	3892521.	4076960.	4955803.	5297898.	3581873.	21805055.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			1,250.	23,101.	11,307.	35,658.
9	Net income from unrelated business			•	,	•	,
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						21840713.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,688,650.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop	_					
Sec	tion C. Computation of Public						,
14	Public support percentage for 2020 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	86.12 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	89.50 %
	33 1/3% support test - 2020. If the o					ore, check this bo	x and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			<b>&gt;</b>
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances tes				rani-ation		
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	ū				•	
	organization meets the facts-and-circu				•		<b>▶</b> □
18	<b>Private foundation.</b> If the organization			•			s
			,				

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support	now, picase comp	olete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1)	127	(2)	(1)	(7)	17, 12.55
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)					1	<u> </u>
<b>14 First 5 years.</b> If the Form 990 is for the	•		•	•	. , . ,	. —
check this box and stop here  Section C. Computation of Public						<b>P</b>
•			column (fl)		15	0/
<ul><li>15 Public support percentage for 2020 (lii</li><li>16 Public support percentage from 2019</li></ul>		•	.,,		16	<u>%</u>
Section D. Computation of Inves					10	%
17 Investment income percentage for 20			ine 13 column (f)\		17	%
18 Investment income percentage from 2			(1)		18	
19a 33 1/3% support tests - 2020. If the						
	or garnzaudi i ulu i	OF CHOOK HIE DOX	o.,o i <del>-</del> , and illie	, o o more mall c	55 17570, and into 1	51101
		organization qual	ifies as a publicly s	supported organize	ation	<b>▶</b>
more than 33 1/3%, check this box an b 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, check	d <b>stop here.</b> The organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ınd

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.)

	<b>V</b>	
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
_		
9c		
40=		
10a		
10b		
	n-F7)	2020

Par	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 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 one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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 supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		1		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	115).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	HISHUCHOL	Yes	No
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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i l	1

I ai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sect	ion 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-functional		d Type III supporting orga	nization (see
-	instructions).	, g. saco	),	, , , , , , , , , , , , , , , , , , ,

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	<u> </u>
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
_4_	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9_	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
<u>b</u>	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
J	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
					Farm 000 at 000 F7) 0000

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2020

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
MALLINCKRODT PHARMACEUTICALS	1,802,000.	1,365,186.
CZI FOUNDATION	1,249,480.	812,666.
ULTRAGENYX PHARMACEUTICALS, INC.	822,055.	385,241.
ALEXION PHARMACEUTICALS	677,000.	240,186.
BIOMARIN PHARMACEUTICALS, INC.	475,000.	38,186.
HORIZON PHARMA USA, INC.	591,550.	154,736.
Total Excess Contributions to Schedule A, Part II, Line 5		2,996,201.

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GLOBAL GENES

**Employer identification number** 26-3331487

Pai	t I Organizations Maintaining Donor Advised	Funds or Other S	imilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		·
		(a) Donor advise	ed funds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets he	eld in donor advised fund	ls
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that gra	ant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for ar	y other purpose conferr	ng
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organ	nization answered "Ye	s" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contrib	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
a				2a
b				2b
С.	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included in (c) acquired after			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, relea	isea, extinguishea, or t	erminated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation easer		tion bandling of	
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		nd enforcing conservation	
Ü	Land volunteer riodis devoted to monitoring, inspecting, ris	anding of violations, at	id critorolling coriscivatio	n casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and en	forcing conservation eas	sements during the year
-	<b>▶</b> \$	ig or riolations, and on	g comcontainem can	sometime daming and year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	ts of section 170(h)(4)(B)	ï)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	easements in its rever	nue and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	_		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Tre	asures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its reve	enue statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education	, or research in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financi	ial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue	e statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, o	r research in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas	ures, or other similar a	ssets for financial gain, p	provide
	the following amounts required to be reported under FASB ASC	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.		Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 GLOBAL GENES 26-333148  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continuous)  3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):  a Public exhibition d Loan or exchange program  b Scholarly research e Other  c Preservation for future generations	
<ul> <li>Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):</li> <li>a Public exhibition</li> <li>b Scholarly research</li> <li>c Preservation for future generations</li> </ul>	inued)
collection items (check all that apply):  a Public exhibition  b Scholarly research  c Preservation for future generations  d Loan or exchange program  e Other  Other	
a Public exhibition b Scholarly research c Preservation for future generations d Loan or exchange program e Other	
b Scholarly research c Preservation for future generations e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	
to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or	r
reported an amount on Form 990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	
on Form 990, Part X? Yes	No
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amour	nt
c Beginning balance1c	
d Additions during the year 1d	
e Distributions during the year	
f Ending balance 1f	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Fou	ır vears hack
1a Beginning of year balance	your o buon
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
d Grants or scholarships  e Other expenditures for facilities	
d Grants or scholarships  e Other expenditures for facilities and programs	
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses	
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance	
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  b	
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  b Permanent endowment  c Term endowment  // **  /*  /*  /*  /*  /*  /*  /*  /*	
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  b Permanent endowment  c Term endowment  f Administrative expenses  g End of year balance  g End of year balance  f Administrative expenses  g End of year balance  g End of year bal	Yes No
d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  year end balance (line 1g, column (a)) held as:  b Permanent endowment  year end balance (line 1g, column (a)) held as:  c Term endowment  year end balance (line 1g, column (a)) held as:  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	Yes No
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  % b Permanent endowment  % c Term endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations  (ii) Related organizations  3a(ii)  3a(iii)	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  % b Permanent endowment  % c Term endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  15 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.	
d Grants or scholarships	
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	

Schedule D (Form 990) 2020

81,077.

19,072.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

23,631.

Schedule D (Form 990) 2020 GLOBAL GENES  Part VII Investments - Other Securities.			-3331487 Page <b>3</b>
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	(b) Book value	(c) Welliod of Valuation. Gost of Grid	or year market value
(1) Financial derivatives		+	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	- F 000 D+ IV I'	44 - O - Farm 000 Part V Far 40	
Complete if the organization answered "Yes" c  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) book value	(C) Method of Valuation. Cost of end	-or-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Soo Form 900 Bart V line 15	
	Description	Tru. Gee Form 990, Fart A, line 13.	(b) Book value
	резеприон		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<b>•</b>	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part Y line 25	
. (a) Description of liability	in rollingso, raitiv, line	The of Thi. Gee Form 390, Fart A, line 23.	(b) Book value
			(b) Book value
(1) Federal income taxes			150 006
(2) ACCRUED LIABILITIES			152,086.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	0.5.\		152,086.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 25.)</u>	<b>&gt;</b>	±34,000•

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

Schedule D (Form 990) 2020

GLOBAL GENES 26-3331487 Page 4 Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,567,077. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 5,567,077. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 5,567,077. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,166,425. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 2e 5,166,425 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 5,166,425. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS OR ANY RELATED INTEREST OR PENALTIES.

Schedule D (Form 990) 2020

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  GLOBAL GEN	IES						Employer identification number 26-3331487
Part I General Information on Grants an							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's product</li> </ol>	ance?						on X Yes No
Part II Grants and Other Assistance to D	<del>-</del>				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$  1 (a) Name and address of organization or government	5,000. Part II can b (b) EIN	oe duplicated if additi (c) IRC section (if applicable)	onal space is needs (d) Amount of cash grant	ed.  (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADRENAL INSUFFICIENCY UNITED P.O. BOX 72407							
SPRINGFIELD, OR 97475	45-4624912		15,000.	0.			COC GRANT
ADVANCING SICKLE CELL ADVOC PROJ. INC - P.O. BOX 813215 - HOLLYWOOD, FL 33081	47-4705477		5,000.	0.			COC GRANT
ALS RIDE FOR LIFE STONY BROOK HSC, LEVEL 2, ROOM 106 STONY BROOK, NY 11794	11-3479051		20,000.	0.			COC GRANT
ANGELMAN SYNDROME FOUNDATION 3015 E. NEW YORK STREET SUITE A2 #2 AURORA, IL 60504	59-3092842		20,000.	0.			COC GRANT
ASSOC. PUERTORRIQUENA DE HEMOFILIA PMB 633, P.O. BOX 29005 SAN JUAN, PR 00929	66-0559280		10,000.	0.			COC GRANT
AVERY'S HOPE P.O. BOX 256 NEW HOPE, PA 18938	82-0872653		5,000.	0.			COC GRANT
<ul> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations</li> </ul>							41.

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

Schedule I (Form 990) 2020

Schedule I (Form 990) GLOBAL GENES 26-3331487 Page 1

Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELSEA'S HOPE							
POST OFFICE BOX 348626							
SACRAMENTO, CA 95834	27-1008382		5,000.	0.			COC GRANT
CHILD NEUROLOGY FOUNDATION							
601 W. SHORT STREET							
LEXINGTON, KY 40508	22-2678594		10,000.	0.			COC GRANT
CLOVES SYNDROME COMMUNITY							
PO BOX 406							
WEST KENNEBUNK, ME 04094	45-3056921		15,000.	0.			COC GRANT
CUREGRIN FOUNDATION							
9593 MERRYVALE COURT							
PARKER, CO 80134	83-4658977		15,000.	0.			COC GRANT
	03 1030377		13,000.				COC CIUMI
DREAMSICKLE KIDS FOUNDATION							
1275 SAND CASTLE AVE							
LAS VEGAS, NV 89183	82-4557748		5,000.	0.			COC GRANT
FACTOR-H							
7917 HOLLYWOOD BLVD							
LOS ANGELES, CA 90046	82-5395108		15,000.	0.			COC GRANT
,							
FAMILIESCN2A FOUNDATION							
P.O. BOX 82							
EAST LONGMEADOW, MA 01028	47-3169795		20,000.	0.			COC GRANT
FIGHTING FOR KAIDEN FOUNDATION,							
INC - PO BOX 386 - LINTHICUM, MD	47 5201760		15 000	_			COC CDANIE
21090	47-5391762		15,000.	0.			COC GRANT
GRIN2B FOUNDATION							
PO BOX 481223							
NILES, IL 60714	82-1499966		15,000.	0.			COC GRANT

Schedule I (Form 990)

Schedule I (Form 990) GLOBAL GENES 26-3331487 Page 1

(a) Name and address of organization or government (b) EIN (c) IFIC section (cash grant cash grant cash grant (n) Annount of non-cash assistance (cash grant process) assistance (cash grant p	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
959 E WALNUT ST #114 PARADERA, CA 91166 95-1916053 20,000. 0. COC GRANT  ILLINOIS SPINA BIFIDA ASSOCIATION 2211 N OAK PARK AVE CHICAGO, IL 60707 23-7062317 20,000. 0. COC GRANT  LIFE AND FAMILY FOUNDATION, VA 10509 FATTERSON AVE UNIT 29912 HENRICO, VA 23242 84-3953425 5,000. 0. COC GRANT  LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912 27-0917237 5,000. 0. FAIR IMPACT GRANT  MILES FOR CYSTIC FIEROSIS INC P.O. BOX 2984 TUCKER, GA 30085 26-402016 20,000. 0. COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - BLOOMINGTON, CA 92316 65-1262256 20,000. 0. COC GRANT  MISSION CURE 245 W 107HH ST AST 15A NEW YORK, NY 10025 84-304384 5,000. 0. COC GRANT  NATIONAL GAUCHER INC.		(b) EIN			non-cash	valuation (book, FMV,			
959 E WALNUT ST #114 PARADERA, CA 91166 95-1916053 20,000. 0. COC GRANT  ILLINOIS SPINA BIFIDA ASSOCIATION 2211 N OAK PARK AVE CHICAGO, IL 60707 23-7062317 20,000. 0. COC GRANT  LIFE AND FAMILY FOUNDATION, VA 10509 FATTERSON AVE UNIT 29912 HENRICO, VA 23242 84-3953425 5,000. 0. COC GRANT  LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912 27-0917237 5,000. 0. FAIR IMPACT GRANT  MILES FOR CYSTIC FIEROSIS INC P.O. BOX 2984 TUCKER, GA 30085 26-402016 20,000. 0. COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - BLOOMINGTON, CA 92316 65-1262256 20,000. 0. COC GRANT  MISSION CURE 245 W 107HH ST AST 15A NEW YORK, NY 10025 84-304384 5,000. 0. COC GRANT  NATIONAL GAUCHER INC.	UPMODUTITA POINDAUTON OF CO. CA								
PASADENA, CA 91106 95-1916053 20,000. 0. COC GRANT  ILLINOIS SPINA BIFIDA ASSOCIATION 2211 N OAK PARK AVE CHICAGO, IL 60707 23-7062317 20,000. 0. COC GRANT  LIFE AND FAMILY FOUNDATION, VA 10509 PATERSON AVE UNIT 29912 HENRICO, VA 23242 84-3953425 5,000. 0. COC GRANT  LITTLEST TUMOR FOUNDATION PO BOX 7051 AFPLETON, WI 54912 27-0917237 5,000. 0. FAIR IMPACT GRANT  MILES FOR CYSTIC FIBROSIS INC P.O. BOX 2984 TUCKER, CA 30085 26-4020016 20,000. 0. COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION PO BOX 115 - BLOOMINGTON, CA 92316 65-1262256 20,000. 0. COC GRANT  MISSION CURE 245 W 107TH ST APT 15A NEW YORK, NY 10025 84-3043384 5,000. 0. PAIR IMPACT GRANT  MITOACTION MITOACTION NOVI, MI 48376 55-0899427 20,000. 0. COC GRANT  NATIONAL GAUCHER INC.									
ILLINOIS SPINA BIFIDA ASSOCIATION   23-7062317   20,000.   0.   CCC GRANT		95-1916053		20 000.	0.			COC GRANT	
2211 N OAK PARK AVE CRICAGO, IL 60707  23-7062317  20,000.  0.  COC GRANT  LIFE AND FAMILY FOUNDATION, VA 10509 PATTERSON AVE UNIT 29912 HENRICO, VA 23242  84-3953425  5,000.  0.  COC GRANT  LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912  27-0917237  5,000.  0.  FAIR IMPACT GRAMT  MILES FOR CYSTIC FIBROSIS INC P.O. BOX 2994  MILES FOR CYSTIC FIBROSIS INC P.O. BOX 2994  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - BLOOMINGTON, CA 92316  65-126256  20,000.  0.  COC GRANT  MISSION CURE 245 W 1077H ST APT 15A NEW YORK, NY 10025  84-304384  5,000.  0.  FAIR IMPACT GRAMT  MITOACTION P.O. BOX 310 NOVI, MI 48376  55-0899427  20,000. 0.  COC GRANT									
CHICAGO, IL 60707 23-7062317 20,000. 0. COC GRANT  LIFE AND FAMILY FOUNDATION, VA 10509 PATTERSON AVE UNIT 29912 HENRICO, VA 23242 84-3953425 5,000. 0. COC GRANT  LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912 27-0917237 5,000. 0. PAIR IMPACT GRAMT  MILES FOR CYSTIC PIBROSIS INC P.O. BOX 2984 TUCKER, GA 30085 26-4020016 20,000. 0. COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - ELOOMINGTON, CA 92316 65-1262256 20,000. 0. COC GRANT  MISSION CURE MISSIO	ILLINOIS SPINA BIFIDA ASSOCIATION								
LIFE AND FAMILY FOUNDATION, VA 10509 PATTERSON AVE UNIT 29912 HENRICO, VA 23242  84-3953425  5,000.  0.  COC GRANT  LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912  27-0917237  5,000.  0.  FAIR IMPACT GRANT  MILES FOR CYSTIC FIEROSIS INC P.O. BOX 2984 TUCKER, GA 30085  26-4020016  20,000.  0.  COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 BLOOMINGTON, CA 92316  65-1262256  20,000.  0.  COC GRANT  MISSION CURE 245 W 107TH ST APT 15A NEW YORK, NY 10025  84-3043384  5,000.  0.  PAIR IMPACT GRANT  MITOACTION P.O. BOX 310 NOVI, MI 48376  55-0899427  20,000. 0.  COC GRANT	2211 N OAK PARK AVE								
10509 PATTERSON AVE UNIT 29912 HENRICO, VA 23242  84-3953425  5,000.  0.  COC GRANT  LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912  27-0917237  5,000.  0.  FAIR IMPACT GRAMT  MILES FOR CYSTIC FIBROSIS INC P.O. BOX 2984  TUCKER, GA 30085  26-4020016  20,000.  0.  COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - BLOOMINGTON, CA 92316  65-1262256  20,000.  0.  COC GRANT  MISSION CURE 245 W 107TH ST APT 15A NEW YORK, NY 10025  84-3043384  5,000.  0.  FAIR IMPACT GRAMT  MITOACTION P.O. BOX 310 NOVI, MI 48376  55-0899427  20,000.  0.  COC GRANT	CHICAGO, IL 60707	23-7062317		20,000.	0.			COC GRANT	
10509 PATTERSON AVE UNIT 29912 HENRICO, VA 23242  84-3953425  5,000.  0.  COC GRANT  LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912  27-0917237  5,000.  0.  FAIR IMPACT GRAMT  MILES FOR CYSTIC FIBROSIS INC P.O. BOX 2984  TUCKER, GA 30085  26-4020016  20,000.  0.  COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - BLOOMINGTON, CA 92316  65-1262256  20,000.  0.  COC GRANT  MISSION CURE 245 W 107TH ST APT 15A NEW YORK, NY 10025  84-3043384  5,000.  0.  FAIR IMPACT GRAMT  MITOACTION P.O. BOX 310 NOVI, MI 48376  55-0899427  20,000.  0.  COC GRANT									
HENRICO, VA 23242 84-3953425 5,000. 0. COC GRANT  LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912 27-0917237 5,000. 0. FAIR IMPACT GRAMT  MILES FOR CYSTIC FIBROSIS INC P.O. BOX 2984 TUCKER, GA 30085 26-4020016 20,000. 0. COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - BLOOMINGTON, CA 92316 65-1262256 20,000. 0. COC GRANT  MISSION CURE 245 W 107TH ST APT 15A NEW YORK, NY 10025 84-304384 5,000. 0. FAIR IMPACT GRAMT  MITOACTION P.O. BOX 310 NOVI, MI 48376 55-0899427 20,000. 0. COC GRANT  NATIONAL GAUCHER INC.									
LITTLEST TUMOR FOUNDATION PO BOX 7051 APPLETON, WI 54912 27-0917237 5,000. 0. FAIR IMFACT GRAMT  MILES FOR CYSTIC FIBROSIS INC P.O. BOX 2984 TUCKER, GA 30085 26-4020016 20,000. 0. COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - BLOOMINGTON, CA 92316 65-1262256 20,000. 0. COC GRANT  MISSION CURE 245 W 107TH ST APT 15A NEW YORK, NY 10025 84-3043384 5,000. 0. FAIR IMFACT GRAMT  MITOACTION P.O. BOX 310 NOVI, MI 48376 55-0899427 20,000. 0. COC GRANT  NATIONAL GAUCHER INC.					_				
PO BOX 7051 APPLETON, WI 54912 27-0917237 5,000. 0. PAIR IMPACT GRAMT  MILES FOR CYSTIC FIBROSIS INC P.O. BOX 2984 TUCKER, GA 30085 26-4020016 20,000. 0. COC GRANT  MIRACLE FOR JADE FIGHT FOR LIFE FOUNDATION - PO BOX 115 - BLOOMINGTON, CA 92316 65-1262256 20,000. 0. COC GRANT  MISSION CURE 245 W 107TH ST APT 15A NEW YORK, NY 10025 84-3043384 5,000. 0. PAIR IMPACT GRAMT  MITOACTION P.O. BOX 310 NOVI, MI 48376 55-0899427 20,000. 0. COC GRANT	HENRICO, VA 23242	84-3953425		5,000.	0.			COC GRANT	
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MISSION CURE 245 W 107TH ST APT 15A  NEW YORK, NY 10025  84-3043384  5,000.  0.  FAIR IMPACT GRAMT  MITOACTION  P.O. BOX 310  NOVI, MI 48376  55-0899427  20,000.  0.  COC GRANT	FOUNDATION - PO BOX 115 -								
245 W 107TH ST APT 15A  NEW YORK, NY 10025  84-3043384  5,000.  0.  FAIR IMPACT GRAMT  MITOACTION  P.O. BOX 310  NOVI, MI 48376  55-0899427  20,000.  0.  COC GRANT	BLOOMINGTON, CA 92316	65-1262256		20,000.	0.			COC GRANT	
245 W 107TH ST APT 15A  NEW YORK, NY 10025  84-3043384  5,000.  0.  FAIR IMPACT GRAMT  MITOACTION  P.O. BOX 310  NOVI, MI 48376  55-0899427  20,000.  0.  COC GRANT									
NEW YORK, NY 10025 84-3043384 5,000. 0. FAIR IMPACT GRAMT  MITOACTION P.O. BOX 310 NOVI, MI 48376 55-0899427 20,000. 0. COC GRANT  NATIONAL GAUCHER INC.									
MITOACTION P.O. BOX 310 NOVI, MI 48376  55-0899427  20,000.  0.  COC GRANT  NATIONAL GAUCHER INC.					_				
P.O. BOX 310  NOVI, MI 48376  55-0899427  20,000.  0.  COC GRANT  NATIONAL GAUCHER INC.	NEW YORK, NY 10025	84-3043384		5,000.	0.			FAIR IMPACT GRAMT	
P.O. BOX 310  NOVI, MI 48376  55-0899427  20,000.  0.  COC GRANT  NATIONAL GAUCHER INC.	MITOACTION								
NOVI, MI 48376 55-0899427 20,000. 0. COC GRANT  NATIONAL GAUCHER INC.									
NATIONAL GAUCHER INC.		55-0899427		20 000	0			COC GRANT	
	1011, HI 103/0	33 0099427		20,000.	0.			COC GIVINI	
	NATIONAL GAUCHER INC.								
5410 EDSON LANE SUITE ZZU	5410 EDSON LANE SUITE 220								
ROCKVILLE, MA 20852 52-1350226 5,000. 0. FAIR IMPACT GRAMT		52-1350226		5,000.	0.			FAIR IMPACT GRAMT	

<u>Schedule I (Form 990)</u> <u>GLOBAL GENES</u> 26-3331487 Page 1

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PKU NEWS							
6869 WOODLAWN AVE NE 116							
SEATTLE, WA 98115	94-3098601		20,000.	0.			COC GRANT
SATB2 GENE FOUNDATION							
3050 FIVE FORKS TRICKUM RD D5	00 2454625		10.500				a.a. an
LILBURN, GA 30047	82-3474637		12,500.	0.			COC GRANT
SICKLE CELL DISEASE ASSOC OF							
AMERICA - 7240 PARKWAY DRIVE,							
SUITE 180 - HANOVER, MD 21076	23-7175985		20,000.	0.			COC GRANT
·							
SOUTH CENTRAL PENNSYLVANIA SICKLE							
CELL COUNCIL - 2000 LINGLESTOWN RD							
# 103 - HARRISBURG, PA 17110	25-1750370		20,000.	0.			COC GRANT
TEAM TELOMERE							
1562 FIRST AVE 205	26 2776107		7 500				GOG GRANTE
NEW YORK, NY 10028	26-3776187		7,500.	0.			COC GRANT
THE BRAIN RECOVERY PROJECT							
969 COLORADO BLVD 101							
LOS ANGELES, CA 90041	45-2571898		20,000.	0.			COC GRANT
THE XLH NETWORK, INC.							
911 CENTRAL AVE,							
ALBANY, NY 12206	20-2441942		15,000.	0.			COC GRANT
UNITED MITOCHONDRIAL DISEASE							
FOUNDATION - 8085 SALTSBURG ROAD,	05 15 (510)						
SUITE 20 - PITTSBURGH, PA 15239	25-1767180		5,000.	0.			FAIR IMPACT GRAMT
WHITE SUTTON SYNDROME FOUNDATION							
PO BOX 591							
BROKEN ARROW, OK 74103	82-5373486		5,000.	0.			COC GRANT

Schedule I (Form 990)

Schedule I (Form 990) GLOBAL GENES 26-3331487 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WM. E. PROUDFORD SICKLE CELL FUND POST OFFICE BOX 979								
DOVER, DE 19904	81-0679590		15,000.	0.			COC GRANT	

Schedule I (Form 990) 2020 GLOBAL GENES					26-3331487	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance
SCHOLARSHIP PATIENT ADVOCACY	109	69,390.	0.			
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
SCHOLARSHIPS/PRIZES DO NOT REQUIRE	MONITORI	NG, AS THE	ERE ARE NO	ONGOING		
CONDITIONS AFTER IT HAS BEEN AWARD	ED.					
						-

### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

**Employer identification number** 

Department of the Treasury Name of the organization

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

GLOBAL GENES

26-3331487 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2020

GLOBAL GENES

26-3331487

Page 2

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

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

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

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

Schedule J (Form 990) 2020 GLOBAL GENES	26-3331487	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also continued the information, explanation, or descriptions required for Part II, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also continued the information of	omplete this part for any additional information.	
PART I, LINE 4A:		
NICOLE BOICE WAS PAID A \$111,900 SEVERANCE PAYMENT		

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GLOBAL GENES

**Employer identification number** 26-3331487

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND RARE DISEASE FOUNDATIONS IN PERSON, PRINT AND ONLINE. FORM 990, PART VI, SECTION A, LINE 2: TIM O'CONNOR/NPSS CORPORATION - HUSBAND OF KATHY O'CONNOR, EMPLOYEE RAY SOTO/NPSS CORPORATION - EX-HUSBAND OF KRISTIN SOTO, EMPLOYEE CHARLES MCLAUGHLIN DESIGNS - FATHER OF MOLLIE MCLAUGHLIN, EMPLOYEE COLIN ROWE - SON OF FORMER EMPLOYEE ANGIE ROWE FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - FORM 990 IS SENT TO ALL BOARD OF DIRECTORS MEMBERS FOR THEIR REVIEW AND APPROVAL BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS MEMBERS ARE REQUIRED TO FILE A SIGNED CONFLICT OF INTEREST AGREEMENT ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: BOARD REVIEWS AND APPROVES BY VOTE ALL OTHER OFFICER'S SALARIES ON AN ANNUAL BASIS DURING CLOSED SESSION OF THE FIRST BOARD OF DIRECTORS MEETING OF THE YEAR BOARD REVIEWS AND APPROVES BY VOTE ALL EXECUTIVE SALARIES ON AN ANNUAL BASIS DURING CLOSED SESSION OF THE FIRST BOARD OF DIRECTORS MEETING OF THE YEAR

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

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

Schedule O (Form 990 or 990-EZ) 2020

## \*Public Disclosure Copy\*

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number 26-3331487
GLOBAL GENES	26-3331487
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AT. CHAMENING
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AL STATEMENTS
AVAILABLE ON ITS OWN WEBSITE.	