990 Form

Return of Organization Exempt From Income Tax

3/31/2024

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2023 calendar year, or tax year beginning and ending 4/1/2023 Check if applicable C Name of organization D Employer identification number GLOBAL HUMANITARIAN MISSION INC Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) 88-1295292 Room/suite Name change Telephone number 1314 E LAS OLAS BLVD 1839 Initial return City or town ZIP code (954) 336-3634 Fort Lauderdale 33301 Final return/terminated Foreign country name Foreign postal code Foreign province/state/county Amended return Gross receipts 2,399,633 Application pending F Name and address of principal officer. JAYNE CUNNINGHAM 1314 E LAS OLAS BLVD, Fort Lauderdale, FL H(b) Are all subordinates included? attach a list. See instructions Tax-exempt status 501(c)(3) (insert no.) 4947(a)(1) or www.globalhumanitarianmission.org Website: Form of organization: X Corporation M State of legal domicile: Trust L Year of formation FI Summary Part I Briefly describe the organization's mission or most significant activities: Rebuilding an entire community in Las Activities & Governance Quebradas of 75 homes, community center, schools, sewage and water treatment and drainage. Seminary in nigeria and Orphanage in Kenya. Water well in Honduras and Ghana. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 4 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . 5 5 Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . . . 1,085,911 2,399,518 Program service revenue (Part VIII, line 2g) . . 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 515 115 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,086,426 2 399,633 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 407,212 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 15 59.369 135,008 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 55,063 2.076.325 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 18 521,644 2,211,333 Revenue less expenses, Subtract line 18 from line 12 19 564,782 188,300 **Beginning of Current Year** 20 Total assets (Part X, line 16) 570,471 755.147 21 Total liabilities (Part X, Jine 26) . 5,689 2,065 22 Net assets or fund balances. Subtract line 21 from line 20 564.782 753,082 Signature Block declare trail have examined this return, including accompanying someones and amplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. d this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of perjury, I declare that I have exp and belief, it is true, murako Sign Here JAYNE CUNNINGHAM CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid 9/17/2024 FRITZ GRANT FRITZ GRANT self-employed P00008593 Preparer GRANT STEWART-HERON, LLC 47-3260272 Firm's EIN Use Only 4816 W COMMERCIAL BLVD, TAMARAC, FL 33319 Firm's address (954) 486-2100 Phone no. May the IRS discuss this return with the preparer shown above? See instructions . . . Yes

	90 (2023)	GLOBAL HUMANITARIAN MISSION INC	88-1295292	Page 2
Par	t III	Statement of Program Service Accomplishments		
_	D : 0 .	Crieck if Scriedule O contains a response or note to any line in this Part III		
1	Briefly de	escribe the organization's mission.		
	Dedicati	ed to serve the poor and vulnerable internationally by partnering with other		
		notes around the globe to assist in humanitarian initives providing impackful		
3	program	s that work directly to empower the poor by advocating solutions to change and save		
	11103			
2	Did the d	organization undertake any significant program services during the year which were not listed on		
	mie pinoi	1 0111 390 01 990-EZ /	Yes	X No
	11 165,	describe these new services on Schedule O.	A	
3	Did the d	organization cease conducting, or make significant changes in how it conducts, any program		
	00,11003	** * * * * * * * * * * * * * * * * * * *	Yes	X No
	ii res,	describe these changes on Schedule O.		
4	Describe	the organization's program service accomplishments for each of its three largest program services.	s, as measured by	
	cybense	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	llocations to others.	
	the total	expenses, and revenue, if any, for each program service reported.		
	(Code:) (Expenses \$ 1,955,719 including grants of \$ (Reven	ue \$	1
1	Rebuildir	ng an entire community in Las Quebradas, Honduras of 75 homes, community center, Schools		/
3	sewage a	and drainage, community center, school- 1 564 beneficiaries		
-				
_				
2				
4b (Code:) (Expenses \$ 22,048 including grants of \$) (Reven	201	
S	St. Josep	h's Home for Orphans-250 Beneficiaries)
		h's Home for Orphans-250 Beneficiaries		
-				

**	******			
4c (C	Code:) (Expenses \$ 78,120 including grants of \$) (Reven		
			\$)
Le	Dalla, I	vicaragua. Built 10 Homes with sustainable incomes for 65 Beneficiaries		
* * *				

		*		
***			***************************************	
***			***************************************	

			*******	******
		ram services (Describe on Schedule O.)		
	xpenses	7 / travelide 9	0)	
e To	tal progr	am service expenses 2,055,887		

	June		Γ.,	Τ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.		Yes	No
2		1	X	-
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities or have a section 501(h)	3		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues	4	_	X
	assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		X
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	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		х
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.		v	^
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.	9	Х	~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	925-00	X
а	VII, VIII, IX, or X, as applicable. 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			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Schedule D, Parts XI and XII	12a	х	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	322		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		X
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	^	_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.			_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20a	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	\rightarrow	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	-	_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		x

	enecklist of Required Schedules (continued)		_	
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 22 if "Yes "		Yes	No
	(A), tille Z ! II Tes, Complete Schedule I Parts Land III	22		X
23	The signification allower Yes to Part VII Section A line 3.4 or 5. about companyation of the			
	and former officers, directors, trustees, key ampleyees, and highest compensated		1	
24-	res, complete schedule J	23	_	X
248	. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	the last day of the year, that was issued after December 31, 20022 If "Ves " answer lines			
	and complete Schedule K. If "No." go to line 25a	24a	-	X
	and organization livest any proceeds of tax-exempt hands hevand a temporary period exception?	24b	-	-
	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	-	-
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	-
	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.	25-		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a	_	X
	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	250		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	- A	150	
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	1		- 1
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV.	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.			4020
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-	Х
30	conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		_ X
-	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_^
	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.	- 55		^
	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		
	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		0.000	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
88	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	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
a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	(A)	3 3	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1	100	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	200	1	
	reportable gaming (gambling) winnings to prize winners?	1c		X

Form 990 (2023)

	990 (2023) GLOBAL HUMANITARIAN MISSION INC 88-12	95292		Page (
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No)"	
	response to line 8a, 8b, or 10b below describe the circumstances, processes or changes on Schedule U.S.	see in	Struc	tions
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	虚	瘤	- 0
	If there are material differences in voting rights among members of the governing body, or	1 4	懂	V. 8
	a we governing body delegated broad authority to an executive committee or similar	137	流	3
	Sommittee, explain on Schedule O.	13.	13	17
b		-4	214	ě
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	À.	£	14 E
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		^
	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,	74	_	^
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	VLake,	WE 4	A
•	the year by the following:	38.3	恒.	安基
а		8a	X	F 35
b	Each committee with authority to act on behalf of the appending body?	8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	00	^	
•	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 C	-	1	^
	tion 2.1 choics (This decision B requests information about policies not required by the internal Nevertae C	ouc.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b		100		
ី	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
b		Tia	^	- 61
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	421
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	^	
	describe on Schedule O how this was done.	12c	×	
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	14	^	- 10
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-
	The organization's CEO, Executive Director, or top management official.	150	. 4 1	V dad
a	Other officers or key employees of the organization	15a		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		X
40-	Did the organization invest-in, contribute assets to, or participate in a joint venture or similar arrangement			
Toa	with a taxable entity during the year?	40-	116.1	-
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	327 -	X
Ь	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	1.	激:	生品
		1	102 V	小配
C	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	044		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	I a		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol and financial statements available to the public during the tax year.	icy,		
	and manifest statements arangers to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records

1314 E LAS OLAS BLVD Suite 1839, FORT LAUDERDALE, FL 33301

PATRICK RAINEY

(954) 336-3634

F 000 /2022		
Form 990 (2023)	GLOBAL HUMANITARIAN MISSION INC 88-1295292	Page 7
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 organization's	uns table for all persons required to be listed. Depot appropriate for the colondar year ending with or within the	
or compenious	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ion. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	
List the	of the organization's current key employees, if any. See the instructions for definition of "key employee." organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)	

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unle er ar	Por heck	erson directo	e than one is both a conflustee employee	Reportable compensation	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JAYNE CUNNINGHAM CEO/CO-FOUNDER	55.00 0.00	4	•	x		x	51,844	0	0
(2) SANDRA CASKEY EXEC DIR/CO-FOUNDER (3) MAURA DAY	40.00)		х			45,150	0	0
CHAIRMAN	1.00 0.00	X					0	0	0
(4) PATRICK RAINEY VICE CHAIR/TREASURER	1.00 0.00	X					0	0	0
(5) NOREEN LOGAN SECRETARY	1.00 0.00	X					0	0	0
(6) FATHER PETER SUTINGA DIRECTOR (7)	1.00 0.00	х					0	0	0
(8)									
(9)									
(10)				_		+			
(12)					\forall	+			
(13)									
(14)									

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Section A. Officers, Directors, To	ustees, Key Em	ploye	ees,	an	d Hi	ghest	Compensated En	nployees (contin	T T
					C)				
(A) Name and title	(B)	Position (do not check more than						(E)	(F)
Torris and upp	Average hours					is both		Reportable compensation	Estimated amount of other
	per week		T	_	T			from related	compensation
	(list any	dir.	Institutional trustee	Officer	Key employee	Highest co employee	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	ecto	to	l de	due	oyer oyer	1099-MISC/	1099-NEC)	related organizations
	(list any hours for related organizations below dotted line)				loye	e 9	1005580000000		
	below dotted line)	stee	ust		ø	Dens			
			8			Highest compensated employee		4	
(15)						-	-		
							-		
(16)							-	-	
(17)						-	10	_	
							1		
(18)									
(19)				-		1			
						-			
(20)					4	100	-()		
(21)			4		8	-	49		
			de	4	6	-			
(22)		1	0	1	4				
(23)		1	7	-		\neg			
(24)		A		-	\dashv	-			
(24)	P4		*						
(25))							
1b Subtotal	A.		_		_		96,994	0	0
c Total from continuation sheets to Part VII, S	ection A						0	0	0
d Total (add lines 1b and 1c)							96,994	0	0
2 Total number of individuals (including but not li		ted al	bove	e) w	ho r	receiv	ed more than \$100	,000 of	A-S
reportable compensation from the organization			_		_	_			0
3 Did the organization list any former officer, dire	octor trustee key	/ emn	love		or hi	abact	componented	1	Yes No
employee on line 1a? If "Yes," complete School									3 X
4 For any individual listed on line 1a; is the sum of									
the organization and related organizations great								,	
individual									4 X
5 Did any person listed on line 1a receive or accr	ue compensation	from	n an	y ur	rela	ated or	rganization or indiv	idual	F 5 5 5
for services rendered to the organization? If "Ye									5 X
Section B. Independent Contractors				- 0					
 Complete this table for your five highest compe- compensation from the organization. Report co 									av uaar
(A)	inperiodation to t	io cai	idilic	idi j	oui	didii	(B)	organizations	(C)
Name and business addr	ess						Description of serv	rices C	ompensation
				_	_	-			0
						+			0
									0
Total number of independent contractors (include)	ding but not limite	d to t	thos	e lis	sted	above	e) who received		0
more than \$100,000 of compensation from the				02.070	0.000	0			7

Part VIII

		Check if Schedule O contains a respon	ise or	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts st	1a	Federated campaigns	1a	0	BANKS BANK	· · · · · · · · · · · · · · · · · · ·	3/28343545	安全 基金
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
S, G	C	Fundraising events	1c	0			ENGINE	
ar A	d	Related organizations	1d	0				
S, G	е	Government grants (contributions)	1e	0				
Sis	f	All other contributions, gifts, grants, and					A STATE OF	
He Jet	-	similar amounts not included above	1f	2,399,518	国和尼亚 朝	-		表示意识的
# 5	g	Noncash contributions included in	1					
20 20	1	lines 1a-1f	1g	\$ 0		-		
	h	Total. Add lines 1a-1f			2,399,518			
0				Business Code	是特別會這個	1	但包括特殊的	POT SEAR
ċ	2a			(a) 1				
Program Service Revenue	ь				0			
n S	C	4			0			
e e	a				• 0			
60.	e	All all		14	0	THE REAL PROPERTY.		
ď	,	All other program service revenue	٠, ١	10 10 10 10	0	7 9		interest
_	9	Total. Add lines 2a–2f			0		THE RESIDENCE OF	
	3	Investment income (including dividends, in	teres	t, and				
3.8		other similar amounts)			0			
	4	Income from investment of tax-exempt bor			0			
	5	Royalties		(ii) Personal	0			-
	6a		aı	(ii) Eursonai				
3.1	b	Gross rents 6a Less: rental expenses 6b						
		Rental income or (loss) 6c	0	0				等語報的
	c	Not a second of the second of	- 0	0	0	NO STREET, STATE OF	OR STATE OF STATE OF STATE OF	
	d 7a	Gross amount from (i) Secur	ities	(ii) Other	SCHOOL SECTION	PARK DESIGNATION OF A	-CHENNING PER	
4	ra	sales of assets		- China				
- 1		other than inventory 7a	0	0				
	h	Less: cost or other basis	-	-				
Other Revenue	D.	and sales expenses 7b	0	0				
Š	c	Gain or (loss) 7c	0	0				
ě			9	2 70 48 72 75 72 7	0	Control of the Contro	O RECEIVED OF THE PASSA	IN THE RESIDENCE OF THE PARTY O
her	8a	Net gain or (loss)			SAME AND AND	S ASSAULT CON	872.525.00.00 ±27.0	CONTRACTOR OF THE PARTY OF THE
ŏ	-	events (not including \$ 0						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	0				
1	b	Less: direct expenses	8b	0				
- 1	c	Net income or (loss) from fundraising even	ts		0	E THAT IS		
		Gross income from gaming activities.				No. of the least o	A CONTRACTOR OF THE PARTY OF TH	To Sale Sales
		See Part IV, line 19.	9a	0				
- 1	b	Less: direct expenses	9b	0		Carlo San		
-	c	Net income or (loss) from gaming activities			0			
- 1		Gross sales of inventory, less					OR REAL PROPERTY.	
8.4	2.0.0	. 사하스 (CH 트리터 스켓트 이번에 만든데 된 본 시에 (CH INTERNATION FOR A MINISTRAL CONTROL OF A MINISTRAL CO	10a	0				
	ь	시하기 2001 (전환 3 10명 시간 2000 보다 사이트리아 시간 부터 그래요 하는 것이다. 그림	10b	0	建筑 人物运			
		Net income or (loss) from sales of inventor			0			
8		No and the second	5.	Business Code	57880000000	A AND THE STATE	Kolley Carlotte	
6 6	11a	Other		1 1	115		2 2	
Revenue	b	***************************************			0			
elli	C	1 4 d 1 2 2		7 7 4	0			fareinger
Miscellaneous	d	All other revenue			0		The Control	dens, a co
		Total. Add lines 11a-11d			115	是是这种	STANGED BY SECTION	
	12	Total revenue. See instructions			2,399,633	0	0	C

Sect	from 501(c)(3) and 501(c)(4) organizations must complete all (All other o	manizations must	complete column (A.).
	Check if Schedule O contains a response or note	columns. All other of	ganizations must	complete colors 1-7	
Do 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	
	and domestic governments. See Part IV line 21	0		PERSONAL PROPERTY OF THE PERSON NAMED IN	
2	Grants and other assistance to domestic	7.7	3.5	保护がないのであり	
	individuals. See Part IV, line 22.	0		PARTY AND THE PARTY	an and some series
3	Grants and other assistance to foreign	0 0 1		THE PARTY OF THE P	
	organizations, foreign governments, and foreign			1	
	individuals. See Part IV, lines 15 and 16	0			PERSONAL PROPERTY OF
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors				
	trustees, and key employees	105,152	21,947	39,761	43,444
6	Compensation not included above to disqualified			4	
	persons (as defined under section 4958(f)(1)) and	The state of			
7	persons described in section 4958(c)(3)(B) Other salaries and wages	10.070	20070	7	
8	Pension plan accruals and contributions (include	19,379	19,379		
Ü	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	0			
10	Payroll taxes	10,477	3,781	3,156	3,540
11	Fees for services (nonemployees):	10,47	3,701	0,100	0,010
а	Management	0			
b	Legal	5,127		215	4,912
C	Accounting	24,289	97, 181	22,192	2,097
d	Lobbying	1 0			
е	Professional fundraising services. See Part IV, line 17	0	正理 200mm 新元(5 mm)		
f	Investment management fees	0	3 -3 8	e	~ 5 5
g	Other. (If line 11g amount exceeds 10% of line 25, column		2 4		
	(A), amount, list line 11g expenses on Schedule O.)	• 0		0	
12	Advertising and promotion	11,966	2,934	896	8,136
13	Office expenses	21,312	4,401	11,727	5,184
14	Information technology	0			1
15	Royalties	0	5 5c 6 1		HW. W
16	Occupancy	- 0			
17	Travel	4,458	330	317	3,811
18	Payments of travel or entertainment expenses		3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	for any federal, state, or local public officials	0	5.1.040		13 1
19	Conferences, conventions, and meetings	2,966	918	905	1,143
20	Interest	0			
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization	2,803	U	2,803	0
23 24	Other expenses. Itemize expenses not covered	2,003	THE REST BUT THE	2,003	THE STATE OF THE STATE OF
24	above. (List miscellaneous expenses on line 24e. If		张墨文的张· 波德		
	line 24e amount exceeds 10% of line 25, column		學學學是不可以	THE PERSON NAMED IN	
	(A), amount, list line 24e expenses on Schedule O.)				
a	Communication and telephone	1,215	8	745	462
b	Scholarship/Education	1,289	1,289	140	402
c	Community Development	1,372,539	1,372,539		
d	Community Welfare	323,887	323,887		
e	All other expenses Medical assistance	304,474	304,474		
25	Total functional expenses. Add lines 1 through 24e	2,211,333	2,055,887	82,717	72,729
26	Joint costs. Complete this line only if the	,			
	organization reported in column (B) joint costs		2		1 3
	from a combined educational campaign and	19. Wat 20	.87		
	fundraising solicitation. Check here if		. 12		
	following COP 08 2 (ASC 058 720)	11 10 10 10 10		and the second	

32

Total liabilities and net assets/fund balances.

Part X **Balance Sheet**

End of year Beginning of year 1 59,207 2 511,264 2 488,646 3 0 3 4 0 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Inventories for sale or use 8 Prepaid expenses and deferred charges . 0 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 0 11 0 Investments—other securities. See Part IV, line 11. 12 0 12 0 Investments—program-related. See Part IV, line 11. 13 13 0 0 14 14 0 0 15 Other assets. See Part IV, line 11 15 0 0 Total assets. Add lines 1 through 15 (must equal line 33) 16 570,471 16 755,147 17 Accounts payable and accrued expenses . . . 5.689 17 2,065 18 0 18 19 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 Unsecured notes and loans payable to unrelated third parties 24 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 Total liabilities. Add lines 17 through 25. 26 5.689 26 2,065 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions . . 27 3.685 27 264,436 28 561,097 28 488,646 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 0 29 30 Paid-in or capital surplus, or land, building, or equipment fund 0 30 Retained earnings, endowment, accumulated income, or other funds . . . 31 0 31

Form 990 (2023)

753,082

755,147

564,782

570.471

32

33

	T XI POGONALI HUMANITARIAN MISSION INC	88-1295292	Page 12
Pal	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	The state of the s	T 2	2,399,633
2			2,211,333
3		_	188,300
4			564,782
5	Net unrealized gains (losses) on investments	_	004,702
6			
7	Investment expenses		
8			
9	I de des de la lance de la lance de la la constante de la cons		
10			
		à l	753,082
Par			1000
	Check if Schedule O contains a response or note to any line in this Part XII.		
		-	res No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	1867	7/200
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	- 8	54 34
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	X
	if it is, check a box below to indicate whether the financial statements for the year were compiled or	272	61866
	reviewed on a separate basis, consolidated basis, or both.	19 m	
	Separate basis Consolidated basis Both consolidated and separate basis	330	
b	Were the organization's financial statements audited by an independent accountant?	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20	^ / V
	separate basis, consolidated basis, or both.	32-1	
	X Separate basis Consolidated basis Both consolidated and separate basis	3 7 7 9	1.02
С			10日
٠	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?	-77-8	
	If the organization changed either its oversight process or selection process during the tax year, explain on	. 2c	X
	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	-23598 52	G. TES
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	2.	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	X
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	
	The second state of the se		90 (2023)
		Form 3	90 (2023)
	. (/)		

SCHEDULE A (Form 990)

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.

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number GLOBAL HUMANITARIAN MISSION INC 88-1295292 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or type Ill non-functionally integrated supporting organization. 0 Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

GLOBAL HUMANITARIAN MISSION INC 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.) Part II

Cale	etion A. Public Support endar year (or fiscal year beginning in)	4-1-0040		110001	(4) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(8) 2020	
	include any "unusual grants.")	2	e 1 ea		1,085,911	2,599,633	3,685,544
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				1 411		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	ALC: Y				3	0
4	Total. Add lines 1 through 3	0	0	0	1,085,911	2,599,633	3,685,544
5	The portion of total contributions by each person (other than a governmental unit or publicly	J	0	Ü	()		
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						2,236,799
6	Public support. Subtract line 5 from line 4			Charles F		CAST CANDES	1,448,745
	ction B. Total Support		+		4		
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
8	Amounts from line 4	0		0	1,085,911	2,599,633	3,685,544
	similar sources	200					0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	Ci				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(1				0
11	Total support. Add lines 7 through 10	The same of the sa			the street of the		3,685,544
12	Gross receipts from related activities, etc. (see	e instructions)				12	The state of
13	First 5 years. If the Form 990 is for the organ organization, check this box and stop here		1		a section 501(c)(3)		<u>x</u>
Sec	tion C. Computation of Public Sup	port Percenta	ige	12 44 1 1	1 4 4		0.000
	Public support percentage for 2023 (line 6, collaboration Public support percentage from 2022 Schedul					15	0.00%
16a	33 1/3% support test—2023. If the organization dualifies as a	tion did not check a publicly support	the box on line 13 ed organization .	, and line 14 is 33	1/3% or more, che	9 * * * * * * * * *	
	33 1/3% support test—2022. If the organization and stop here. The organization qualifies	as a publicly sup	ported organizatio	n, ,-, , , , , ,	111111		
17a	10%-facts-and-circumstances test—2023. 10% or more, and if the organization meets the Part VI how the organization meets the facts-a organization.	e facts-and-circur and-circumstance:	nstances test, che s test. The organiz	ck this box and st o ation qualifies as a	op here. Explain in a publicly supported	d	Г
b	10%-facts-and-circumstances test—2022. 15 is 10% or more, and if the organization mee in Part VI how the organization meets the fact organization.	If the organization ets the facts-and- s-and-circumstand	n did not check a b circumstances test ces test. The organ	ox on line 13, 16a , check this box a nization qualifies a	, 16b, or 17a, and I nd stop here . Expl s a publicly suppor	ine lain ted	. 1000
18	Private foundation. If the organization did no	t check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see	1 10	f
	instructions						. L

GLOBAL HUMANITARIAN MISSION INC 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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2013	(b) 2020	(0) 2021	(4)		
	received. (Do not include any "unusual grante ")						0
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						0
3	Gross receipts from activities that are not an					-	0
	unrelated trade or business under section 513						0
4	Tax revenues levied for the				-	400	0
4	organization's benefit and either paid to					\)	
	or expended on its behalf						
-						~	0
5	The value of services or facilities				1		
	furnished by a governmental unit to the				() I		020
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				Ton.		0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			4 4 4			
	or 1% of the amount on line 13 for the year		4	10 10			0
c	Add lines 7a and 7b	0	₩0	0	0	0	0
8	Public support (Subtract line 7c from		- A	4 9 9		-51	
o	line 6.)		A M	9			0
Sac	tion B. Total Support		7	(
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2019 0	(b) 2020 Q	(0) 2021		0	0
	Amounts from line 6	0		0	0	-	
10a	Gross income from interest, dividends,	•		1		1	
	payments received on securities loans, rents,						0
	royalties, and income from similar sources		- 4				0
b	Unrelated business taxable income (less	4	-				
	section 511 taxes) from businesses		7				7.00
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	1					
	activities not included on line 10b, whether	100					
	or not the business is regularly carried on.						0
12	Other income. Do not include gain or	3					
	loss from the sale of capital assets						
	E # 61						0
42	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	o	0
	and 12.) L First 5 years. If the Form 990 is for the organ	nization's first sea					
14	organization, check this box and stop here.	mzation s mst, sec	ond, ama, rodini, c	n mar ax your as	a section so negot		
Sec	tion C. Computation of Public Sup	port Percenta	age	No.	***************************************		2.000/
15	Public support percentage for 2023 (line 8, co	olumn (f), divided t	by line 13, column	(f))		15	0.00%
16	Public support percentage from 2022 Schedu	ile A, Part III, line	15			16	0.00%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2023 (line	10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2022 Sc	hedule A, Part III,	line 17	* * * * * * * * *	S	18	0.00%
19a	33 1/3% support tests—2023. If the organiz	ation did not chec	k the box on line 1	4, and line 15 is m	nore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and si	top here. The org	anization qualifies	as a publicly supp	orted organization		
b	33 1/3% support tests—2022. If the organiz	ation did not chec	k a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3%, and	9 <u>2.00</u>
-	line 18 is not more than 33 1/3%, check this b	oox and stop here	. The organization	qualifies as a put	olicly supported org	anization	,
20	Private foundation. If the organization did n						
	Titale louisdayour is and organization did it						

Part IV Supporting Organizations

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

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
2	class or purpose, describe the designation. If historic and continuing relationship, explain.	275-9.2	0.00	133
ì	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 a status of the control of the	2		
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		260
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1.5	333	200
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	23	33	
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a		2010	STA	CH
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1995	724
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			100
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	1		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	530	955
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		EBS
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	No.		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	1520	198	220
1	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	10000	The state of
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		1000
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	583	828
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	588		2000
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	NEW STREET	23	3 4
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		38	104.3
1 10	supporting organizations)? If "Yes," answer line 10b below.	10a	-	_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	CSS	10000

Part	Supporting Organizations (Constitution of Constitution of Cons	3-1295292	- 1	C eps
rait	Supporting Organizations (continued)		Yes	No
11	Has the organization accorded a size	12/69	163	140
а	Has the organization accepted a gift or contribution from any of the following persons?	9.35		103
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a	enarche.	-
b	11c below, the governing body of a supported organization?	11b	_	
c	A family member of a person described on line 11a above? A 35% controlled entitle of a person described on line 11a above?		300	17.00
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, providetail in Part VI.	11c	-	-
Sect	ion B. Type I Supporting Organizations	1		_
	11 Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	1		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	A (885)	100	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	A 1881	160	193
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted	1533	TE
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to	he	1500	
	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	38.73	35	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		22	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	10000	100	
_	supervised, or controlled the supporting organization.	2		_
Sec	tion C. Type II Supporting Organizations	E.	V	No
	Warrant A. Cit.	10000	Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	2,532	Service Control	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	LUSINE'S	DOM
Sec	tion D. All Type III Supporting Organizations		_	_
000	den b. All Type in 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	75.00	Biti	SWOT .
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tax		100
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	7.	N. E.	53
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI he	ow	255	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	120		133
	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	1000	30.96	1000
_	supported organizations played in this regard	3	_	ļ.,
	ion E. Type III Functionally Integrated Supporting Organizations			_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	ee instruction	is).	5.
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.	4.1		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	entity (see instruc	tions).	
•	Activities Test. Answer lines 2a and 2b below.		Vas	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	100	103	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	1839
	those supported organizations and explain how these activities directly furthered their exempt purposes,		13.6	
	how the organization was responsive to those supported organizations, and how the organization determined		1	1000
	that these activities constituted substantially all of its activities.	2a	- Spanis	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		133	1000
4	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		100	183
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	100	100	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		188	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1000	1
70	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 ea	ich	1000	
1-57	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 19 instructions. All other Type III non-functionally integrated supporting organizations must completed by the company of the company	(B) Curren	t Year
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	/ear (option	it rear
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	Орион	al)
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a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).		
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2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
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).	发出来一种发生产量	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	有法院 。	12.
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).		
see instructions).	0	C
5 Net value of non exempt use and the second of the second	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	0	0
6 Multiply line 5 by 0.035.	0	0
7 Recoveries of prior-year distributions 7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount	Current Ye	
1 Adjusted net income for prior year (from Section A, line 8, column A) 1		0
2 Enter 0.85 of line 1.		0
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3		0
4 Enter greater of line 2 or line 3.		0
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).		0
7 Check here if the current year is the organization's first as a non-functionally integrated Type III sup	porting organization (se	

Schedule A (Form 990) 2023

Section	Type III Non-Functionally Integrated 509(a)(3 on D - Distributions) Supporting Organ	zations (continued	T	Current Year
_				1	
2	Amounts paid to supported organizations to accomplish exe	empt purposes		十	
2	para to perform activity that directly furthers exem	pt purposes of supported	1	2	
3	organizations, in excess of income from activity			3	
7412	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ations	4	
4	Amounts paid to acquire exempt-use assets			5	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V)	6	
6	Other distributions (describe in Part VI). See instructions.			7	0
7	Total annual distributions. Add lines 1 through 6.			8	
8	Distributions to attentive supported organizations to which t	he organization is respon	nsive	8	
_	(provide details in Part VI). See instructions.		46.00	9	0
9	Distributable amount for 2023 from Section C, line 6		APP NO.	10	0.000
10	Line 8 amount divided by line 9 amount		400	10	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6	10 10 10 10 10 10 10 10 10 10 10 10 10 1		辩	0
- 2	Underdistributions, if any, for years prior to 2023		11		
	(reasonable cause required-explain in Part VI). See				
	instructions.		N	_	CONTRACTOR SECURITION
3	Excess distributions carryover, if any, to 2023		Mark the Property of		
а	From 2018		是对政治。而可以的	86	
b	From 2019	444		200	位的政治,但是所有政治
С		4 6 4		OR I	的特別的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的
d	From 2021	A CONTRACTOR	是不是公司的第三人称单位。	80	
е		A 9	经产品 。		2. 经基础分析等。
f	Total of lines 3a through 3e	0	多名为邓明新的出版		TO THE SECOND
g	Applied to underdistributions of prior years	THE RESIDENCE OF		0	
h			金属を表すると	100	0
i	Carryover from 2018 not applied (see instructions)	1	Sec. 26 10 1957 1945		
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.	0	CASANDELIA COM		5.25 图 200 图 20
4	Distributions for 2023 from			24	/学生表示/// / / / / / / / / / / / / / / / / /
٠.	Section D, line 7:				
а	Applied to underdistributions of prior years	Contract Contract		0	
b	Applied to 2023 distributable amount		BURN NEWS		0
	Remainder, Subtract lines 4a and 4b from line 4.	0	14 ST 15 ST		
	Remaining underdistributions for years prior to 2023, if	CHILD REPORT			
. 5	any. Subtract lines 3g and 4a from line 2. For result			- 1	
	greater than zero, explain in Part VI. See instructions.		S	0	
•	Remaining underdistributions for 2023. Subtract lines 3h	S NO SERVICE STREET	Select Street Selection	1810	
6	and 4b from line 1. For result greater than zero, explain			3%	100
	in Part VI. See instructions.				0
	in Part VI. See instructions.	GOING STREET, GOING TO	Charles A. Maria A.A.	2200	E CONTROL DE LA CONTROL DE
7.	Excess distributions carryover to 2024. Add lines 3j and 4c.	0	Constitute and Automotive		
8	Breakdown of line V.	STATE OF THE PARTY	主题和作为是《	113	The second of the second
а	Excess from 2019	CONTRACTOR OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED A	SHOW THE PROPERTY OF THE PARTY	Res.	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
	Excess from 2020		建筑的大学的	10	经济发展的
	Excess from 2021 ,			300	· · · · · · · · · · · · · · · · · · ·
d	Excess from 2022			SERV.	CONTRACTOR STATE
e	Excess from 2023 , .) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	CONTRACTOR CONTRACTOR	103	

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

	<u> </u>
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

	of the organization	Employer identification number
GLC	DBAL HUMANITARIAN MISSION INC	88-1295292
Pai	Organizations Maintaining Donor Advised Foods and Other Circles	Funda or Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line	6.
		(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)	1
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	ld in donor advised
	rands are the organization's property, subject to the organization's exclusive legal con	trol? Yes No
6	bid the organization inform all grantees, donors, and donor advisors in writing that grantees	ant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	or any other numose
	comerning impermissible private benefit?	Yes No
Pal	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) or conservation easements held by the organization (check all that apply).	
		ration of a historically important land area
	Protection of natural habitat	vation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu-	ition in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included on line 2a	2c
d		and
	not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or t	erminated by the organization during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
1227	0 6 3	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing or	onservation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements	
1	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its rever	nue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's	inancial statements that describes the
	organization's accounting to conservation easements.	011 01 11
Part	Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" on Form 990, Part IV, line	or Other Similar Assets.
4-		
1a	If the organization elected as permitted under FASB ASC 958, not to report in its reve	nue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educe public service, provide in Part XIII the text of the footnote to its financial statements that	cation, or research in furtherance of
D	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide the following amounts relating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	following amounts required to be reported under FASB ASC 958 relating to these item	
	Revenue included on Form 990, Part VIII, line 1	
a	Assets included in Form 990, Part X.	
D	Assets illicided ill Folin 350, Fait A	

	dule D (Form 990) 2023 GLOBAL HUMANITARIA	N MISSION INC				295292		Page 2
Par	Organizations Maintaining Colle	ctions of Art His	storical Tre	asures, or	Other Similar Ass	sets (conti	nued)	
3	Using the organization's acquisition, access	on, and other record	ds, check any	of the follow	ing that make signific	ant use of i	ts	
2	collection items (check all that apply).		100 mg/s					
a	Public exhibition	d	Loan or	exchange pr	ogram			
Ь	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's of XIII.	ollections and expla	in how they fu	rther the org	anization's exempt po	urpose in Pa	art	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than the solicit of th	or receive donations to be maintained as	of art, historic	cal treasures ganization's c	or other similar	Y	es 🗌	No
Par	Complete if the organization answer 990, Part X, line 21.	ents.			4	unt on Fo	m	
1a	Is the organization an agent, trustee, custod		dian for some	dhutlana ar a	thos decite not			
	included on Form 990, Part X?	ian, or other interme	diary for cont	ributions of C	offier assets flor	. TY	s X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table			Amount	_	_
С	Beginning balance			M.	1c	Tunodin		
d	Additions during the year				1d			
e	Distributions during the year			. ()	1e			
f	Ending balance		,		1f			0
2a	Did the organization include an amount on F		A6	- Wh	al account liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Part XIII		107 101	the state of the s			П	
Par			4 10	6				
	Complete if the organization answer	ered "Yes" on For	m 990 Part	IV. line 10.				
) Prior year	(c) Two years		oack (e) Fo	ur years	back
1a	Beginning of year balance	40	M.					
b	Contributions		1					
С	Net investment earnings, gains,	6 20						
	and losses	. (9						
d	Grants or scholarships	G. Dard						
е	Other expenditures for facilities	() V						
	and programs	AN W						_
1	Administrative expenses	0	0		0	0		0
9 2	Provide the estimated percentage of the curr			lumn (a)) hel		- 01		
a	Board designated or quasi-endowment	%	, o (g) cc	(4),				
b	Apple AV	»%						
c	Term endowment %	****						
1259	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are	held and add	ministered for the			
	organization by:						Yes	No
	(i) Unrelated organizations					. 3a(i)		
	(ii) Related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on Sche	dule R?		3b		
4	Describe in Part XIII the intended uses of the		owment funds	3.				
Part	VI Land, Buildings, and Equipment. Complete if the organization answer		m 990 Part	IV line 11:	See Form 990 F	Part V line	10	
		(a) Cost or other basis		or other basis	(c) Accumulated			_
	Description of property	(investment)		ther)	depreciation	(0) 6	ook value	
1a	Land		0	0				0
b	Buildings		0	0		0		0
c	Leasehold improvements ,		0	0		0		0
d	Equipment		0	0		0	eraje er er	0
e	Other		0	0		0		0
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, o	column (B)) .				0

(a) Description of security or category	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value
(including name of security)		Cost or end-of-year market value
Financial derivatives	0	
0.1	0	
/43		
(A) (B)		
(C)		A
(D)		
E)		4-2-1
(F)		
(G)		
(H)		4
al. (Column (b) must equal Form 990, Part X, line 12, col. (B))	0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Investments—Program Related.	Yes" on Form 990	Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1		0001 01 0110 01 700 1110 1110
)		(A
		4
)	4.6	
)	4.0	
	E C	₽
	A 10	
	4.4	
al. (Column (b) must equal Form 990, Part X, line 13, col. (B))	0	32: \$000年的中国中国国际公共一个大学的"健康
art IX Other Assets.	P	
Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15
(a) Descrip	otion	(b) Book value
	Cir.	
	4	
	4	
al. (Column (b) must equal Form 990, Part X, line 15, co		
al. (Column (b) must equal Form 990, Part X, line 15, contact X Other Liabilities, Complete if the organization answered "	ol. (B))	Part IV, line 11e or 11f. See Form 990, Part X,
al. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))	Part IV, line 11e or 11f. See Form 990, Part X,
al. (Column (b) must equal Form:990, Part X, line 15, coart X Other Liabilities, Complete if the organization answered "line 25. (a) Description	ol. (B))	
al. (Column (b) must equal Form 990, Part X, line 15, coart X Other Liabilities, Complete if the organization answered " line 25. (a) Description	ol. (B))	
al. (Column (b) must equal Form 990, Part X, line 15, coart X Other Liabilities, Complete if the organization answered " line 25. (a) Description	ol. (B))	
al. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column X Other Liabilities, Complete if the organization answered " line 25. (a) Description (b) must equal Form 990, Part X, line 15, column 15, c	ol. (B))	
al. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column X Other Liabilities, Complete if the organization answered "line 25. (a) Description (b) must equal Form 990, Part X, line 15, column 15, column 15, column 16, col	ol. (B))	
al. (Column (b) must equal Form 990, Part X, line 15, constant X Other Liabilities, Complete if the organization answered "line 25. (a) Description of the constant of the c	ol. (B))	
al. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "line 25. (a) Description (b) must equal Form 990, Part X, line 15, complete if the organization answered "line 25. (b) Federal income taxes (c)	ol. (B))	
al. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "line 25. (a) Description (b) must equal Form 990, Part X, line 15, complete if the organization answered "line 25. (b) Federal income taxes (c)	ol. (B))	
al. (Column (b) must equal Form:990, Part X, line 15, color X Other Liabilities, Complete if the organization answered " line 25. (a) Description Federal income taxes	Yes" on Form 990,	(b) Book value
al. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "line 25. (a) Description (b) must equal Form 990, Part X, line 15, complete if the organization answered "line 25. (b) Federal income taxes (c)	ol. (B))	(b) Book value

	GLOBAL HUMANITARIAN MISSION INC	88-1295	292 Page 4
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	202 rage 4
	picto ii tile Oludilization aneworod "Voo" on Form 000 Doct IV line 129	per motor	
1	did gails, and other support per audited formalist at	1	2,399,633
2	moraded off lifle I but not on Form 900 Post VIII time 40.	19/55/19	
a	Tet directized gallis (losses) on investments		
b	and use of facilities	#2.	
c	2-	1 T	
d	LAJ I	100	
e		2e	0
3	- sounder mile Ze from line 1.	3	2,399,633
4	7 thounts included on Form 990. Part VIII line 12 but not on line 1:	5.8.2	
a	investment expenses not included on Form 990, Part VIII, line 7h	Lan.	
b	The Describe in Part XIII.)	1	
c	ridd mies 4a and 4b.	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,399,633
Par	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	2,211,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е 3	Add lines 2a through 2d	2e	0
4	Add lines 2a through 2d . Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a	3	2,211,333
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
b	4a		
177	Other (Describe in Part XIII.)		
5		. 4c	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,211,333
Control	XIII Supplemental Information.		
2. Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	2b; Part V, line 4	; Part X, line
Z, 1 ai	t XI, lines 20 and 45, and 1 art XII, lines 20 and 45. Also complete this part to provide any additional	information.	
	The state of the s		

	(V)		

Schedule D (Form 990) 2023 GLOBAL HUMANITARIAN MISSION INC	88-1295292 Page 5
Part XIII Supplemental Information (continued)	
Supplemental Information (continued) Supplemental Information (continued)	
	
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	100 Sept. 100 Meteorie William (100 Sept. 100

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Statement of Activities Outside the United States

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047 2023

Open to Public Inspection

Name of the organization

Form 990, Part IV, line 14b.

GLOBAL HUMANITARIAN MISSION INC Employer identification number 88-1295292 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	other assistance, the gi	es the organization rantees' eligibility	n maintain reco	ords to substantiate the amou or assistance, and the selection	nt of its grants and	
2		cribe in Part V the			on criteria used to	X Yes No
_3		75711		can be duplicated if additiona	4 0	
	***************************************	offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
(1)	Central America and the Caribbean	0		Grants to recipients in the region	Community Welfare & Development	1,958,710
_(2)				100		1,000,711
_(3)				8 1		
_(4)				C 1		
(5)						
_(6)			4	O		
_(7)				2		0
(8)			1			
(9)		. 1	Same .			
(10)		, can	W. Comments			
(11)						
(12)	4	(1)				
(13)						
(14)	*	Sp.				
(15)						
(16)						
(17)						
	ubtotal ,	0	0			1,958,710
	eets to Part I	0	0			
	tals (add lines 3a and 3b)	0	0			4.059.740

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)		Central America and the Caribbean	Community Development	20,000	Wire transfer		4	
(2)		Central America and the Caribbean	Community Development	67,293	Wire transfer	10	d	FMV
(3)		Central America and the Caribbean	Community Development	1,062,949	Wire transfer	787	0	FMV
(4)	38.	Sub-Saharan Africa	Community Development	79,000	Wire transfer	1		FMV
(5)		Sub-Saharan Africa	Community Development	21,392	Wire transfer			FMV
(6)		Central America and the Caribbean	Community Development	122,048	Wire transfer			FMV
(7)		Central America and the Caribbean	Community Development	78,120	Wire transfer			FMV
(8)		Sub-Saharan Africa	Community Development	83,661	Wire transfer			FMV
(9)		Sub-Saharan Africa	Community Development	250,000	Wire transfer			FMV
(10)		Central America and the Caribbean	Community Welfare		Wire transfer			FMV
(11)		Sub-Saharan Africa	Community Welfare		Wire transfer			FMV
(12)		Central America and the Caribbean	Community Welfare		Wire transfer			FMV
(13)		Central America and the Caribbean	Community Welfare		Wire transfer			FMV
(14)		Sub-Saharan Africa	Community Welfare		Wire transfer			FMV
15)		Central America and the Caribbean	Community Welfare		Wire transfer			FMV
16)	No.	Central America and the Caribbean	Community Welfare	10,000	Wire transfer			FMV

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

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)						1	
(2)						1.03	
(3)					N	123	
(4)					V		
(5)				(700		
(6)			4	シ			
(7)			1:1	111			
(8)				*			
(9)		. (• 1				
(10)		2/1					
(11)	-	11 1					
12)	741						
13)	C'F.						
14)	10,0						
15)							
16)							
17)							
(8)							

V Foreign Forms	00-1233232	Page
Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926).	Yes No	
be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and]Yes ☐ No	
Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	Yes No	
Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment O.	Yes No	
Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865. Potum of U.S. Rosser, May 8	Yes No	
Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990).	Yes No	
	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926). Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990). Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see the Instructions for Form 5471). Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see the Instructions for Form 8861). Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see the Instructions for Form 8865).	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926). Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990). Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see the Instructions for Form 5471). Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see the Instructions for Form 8621). Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see the Instructions for Form 8865). Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 543. A tenth or a file form fil

Schedule F (Form 990) 2023

Part V	Supplemental Information
**************************************	Provide the life.
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures passesses). Part III (accounting method):
	amounts of investments vs. expenditures per recipely Red III live 4 (a constitute method):
	amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of region); Part III, line 1 (accounting method);
	and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
	mormation, See instructions.
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(a) Name of organization		(c) Region	stance to Organiza	(e) Amount of	(f) Manner of			
organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(17)		Central America and the Caribbean	Community Welfare	5,000	Wire transfer		42	FMV
(18)		Central America and the Caribbean	Community Welfare	15,000	Wire transfer	10	1	11.75
(19)		Central America and the Caribbean	Community Welfare	5,101	Wire transfer	-01	J Prince	FMV
(20)		Sub-Saharan Africa	Community Welfare	8,000	Wire transfer		no artification paraintes	FMV
(21)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	4		e 1,41 :	FMV
(22)	1	1 1 1 1 1 1 1			NO.	5 - 148		
(23)			3		11112			
(24)			2 W 2 W 2 W 2 W			7. A-1-W		
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34)			00 7 00 4 240 230				the Late	2.4
35)		J. Blanch	ALL DESCRIPTION	4 1 2 5 7	11.15	37 1.	. 3	100

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information. Name of the organization

GLOBAL HUMANITARIAN MISSION INC	88-1295292
	00-1295292
Form 990, Part VI, Section 11, Line 11B. The Form 990 is reviewed by the governing body prior	
to filing with the IRS	4
Form 990, Part VI, Section 12, Line 12 e Any conflicts of interest are annually disclosed and	101
reviewed and sign by governing body	
Form 990, Part VI, Section 19, Line 19: Governing documents are made available to the public	
for review upon request.)
<u>A</u>	
· ()	***************************************
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	v.

Name of the organization GLOBAL HUMANITARIAN MISSION INC Employer identification number 88-1295292	e 2
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IRS E-file Signature Authorization for a Tax Exempt Entity

OM	BI	10.	154	5-0	047
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Department of the Treasury Internal Revenue Service

For calendar year 2023, or fiscal year beginning 4/1, 2023, and ending 3/31

2023

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. FIN or SSN GLOBAL HUMANITARIAN MISSION INC 88-1295292 Name and title of officer or person subject to tax JAYNE CUNNINGHAM Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here 3a Form 1120-POL check here . . . b Total tax (Form 1120-POL, line 22). 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) . . . 5a Form 8868 check here 6a Form 990-T check here 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) GLOBAL HUMANITARIAN MISSION INC , (EIN) 88-1295292 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize FRITZ GRANT CPA PA to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State plogram, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 9/17/2024 Certification and Auth Intication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 65568196453 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. FRITZ G GRANT ERO's signature ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So