Form **8879-EO** 

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2020, or fiscal year beginning \_\_\_\_\_\_\_\_, 2020, and ending \_\_\_\_\_\_\_\_

, 2020, and ending		, 2020, and ending	
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Department of the Treasury Internal Revenue Service	<b></b>	Go to www.irs.gov/Form8879E				_ = <b>_</b> =
Name of exempt organization			O for the fat	est information.	Taxpayer	identification number
THE FOR ALL	MANKIND MOV	EMENT INC			**_*	**3324
Name and title of officer or		DIMINI, INC				
KEVIN PHILLI						
PRESIDENT						
Part I Type o	f Return and Reti	urn Information (Whole Dol	lars Only)			
check the box on line <b>1</b> ablank, then leave line <b>1b</b> return, then enter -0- on	a, 2a, 3a, 4a, 5a, 6a, or b, 2b, 3b, 4b, 5b, 6b, or the applicable line belo	using this Form 8879-EO and en <b>7a</b> below, and the amount on th <b>7b</b> , whichever is applicable, blatow. <b>Do not</b> complete more than	nat line for the nk (do not en one line in Pa	e return being filed with hter -0-). But, if you ente art I.	this form vered -0- on t	was <sup>*</sup> he
1a Form 990 check he	re ▶ 🔼 b Total	revenue, if any (Form 990, Part	VIII, column	(A), line 12)	1b <sub>-</sub>	2,096,897.
2a Form 990-EZ check		otal revenue, if any (Form 990-E				
3a Form 1120-POL ch	eck nere	Total tax (Form 1120-POL, lin	ie 22)	DE Dort // Line 5)	3b <sub>-</sub>	
4a Form 990-PF check 5a Form 8868 check h		ax based on investment incom alance due (Form 8868, line 3c)				
6a Form 990-T check l		otal tax (Form 990-T, Part III, line				
7a Form 4720 check h		otal tax (Form 4720, Part III, line				
		re Authorization of Offic				
		am an officer of the above orga				with respect to
(name of organization)	•	·		=	-	that I have examined a cor
a payment, I múst conta (settlement) date. I also confidential information	act the U.S. Treasury Fi authorize the financial necessary to answer ir IN) as my signature for	d on this return, and the financia nancial Agent at 1-888-353-4537 institutions involved in the proce equiries and resolve issues relate the electronic return and, if app	one later that essing of the ed to the pay	n 2 business dáys prior electronic payment of t ment. I have selected a	r to the pay taxes to rec a personal	ment ceive
X I authorize C	OOK PARKER,	P.L.L.C.			to enter my	
		ERO firm name				Enter five numbers, bu do not enter all zeros
a state agenc	•	o electronically filed return. If I ha es as part of the IRS Fed/State p nt screen.			. ,	•
electronically	filed return. If I have inc	with respect to the organization dicated within this return that a conference of Fed/State program, I will enter	opy of the re	eturn is being filed with	a state age	ency(ies)
Signature of officer or person su		ii ii ca			Date	e ► 8/5/2021
Part III   Certific	cation and Auther	ntication				
ERO's EFIN/PIN. Enter number (EFIN) followed	•			76426126390 Do not enter all zeros		
•	return in accordance	I, which is my signature on the 2 with the requirements of <b>Pub. 4</b> 1		•		
ERO's signature				Date >		
		RO Must Retain This Form to the IR			So	
LHA For Paperwork R	eduction Act Notice,	see instructions.				Form <b>8879-EO</b> (2020)

#### EXTENDED TO NOVEMBER 15, 2021

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

OMB No. 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service

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

A I	For the	2020 calendar year, or tax year beginning	and e	ending						
В	Check if applicable	C Name of organization			D Employer identifi	cation number				
	Addres change	THE FOR ALL MANKIND MOVEME	ENT. INC							
F	Name change		· , · · · ·		**-***33	24				
	Initial return	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone numbe	r				
	Final return/	12335 KINGSRIDE LANE #346	′		713/482-					
	termin- ated	City or town, state or province, country, and ZIP or t	foreign postal code		<b>G</b> Gross receipts \$ 2,096,897.					
	Amend	HOUSTON, TX 77024	H(a) Is this a group return							
	Application	F Name and address of principal officer: KEVIN F	HILLIPS		for subordinates					
	pendin	$^{9}$ $ $ 12335 KINGSRIDE LN $\#346$ , HC	OUSTON, TX 7	7024	H(b) Are all subordinates in	ncluded? Yes No				
		empt status: $X = 501(c)(3) = 501(c)(6)$ (ins	ert no.) 4947(a)(1) oı	r 527	If "No," attach a	list. See instructions				
		e: ► WWW.GOFAMM.ORG			H(c) Group exemption	n number 🕨				
K	orm of	organization: X Corporation Trust Association	n Other ►	<b>L</b> Year o	of formation: 2009	<b><math>^{\prime}</math></b> State of legal domicile: $\mathbf{TX}$				
Pa		Summary								
Ф	1	Briefly describe the organization's mission or most signific	ant activities: SEE S	CHEDU	LE O					
auc	_									
Governance	2	Check this box 🕨 📖 if the organization discontinued	its operations or dispose	ed of more	than 25% of its net as	ssets.				
Š		Number of voting members of the governing body (Part V			3	6				
∞ ∞		Number of independent voting members of the governing				5				
ies		Total number of individuals employed in calendar year 202				8				
Activities &		Total number of volunteers (estimate if necessary)				0				
٩c		Total unrelated business revenue from Part VIII, column (0				0.				
	b	Net unrelated business taxable income from Form 990-T,	Part I, line 11	······		0.				
	_			-	Prior Year	Current Year				
Revenue	1	Contributions and grants (Part VIII, line 1h)			1,839,316.	2,096,897.				
	1		n		0.	0.				
Be		Investment income (Part VIII, column (A), lines 3, 4, and 70			0.	0.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10			1,839,316.	2,096,897.				
	_	Total revenue - add lines 8 through 11 (must equal Part VI			369,217.	443,575.				
	1	Grants and similar amounts paid (Part IX, column (A), lines			0.	143,373.				
		Benefits paid to or for members (Part IX, column (A), line 4 Salaries, other compensation, employee benefits (Part IX,			670,914.	652,381.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e			0,0,514.	0.				
ben	h ioa	Total fundraising expenses (Part IX, column (A), line 11e	: O -	<u>, , , </u>	•					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			640,696.	542,667.				
		Total expenses. Add lines 13-17 (must equal Part IX, colur			1,680,827.	1,638,623.				
		Revenue less expenses. Subtract line 18 from line 12			158,489.					
or		Tovorido 1000 oxporidos. Cabalado inte vo trott into 12		Be	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			537,297.	993,285.				
ASS	21	F			2,395.	109.				
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20			534,902.	993,176.				
Pa	art II	Signature Block		•						
Und	ler pena	lties of perjury, I declare that I have examined this return, includin	g accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is bas	ed on all information of whi	ch preparer	has any knowledge.					
Sig	n	Signature of officer			Date					
Hei	re	KEVIN PHILLIPS, PRESIDENT								
		Type or print name and title		1.5	1	LI DIN				
		*' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	er's signature		Check Check if	PTIN				
Pai		PAUL W. PARKER	·		self-employ					
	-	Firm's name COOK PARKER, P.L.L.C	•		Firm's EIN ▶	**-***6665				
Use	Only	Firm's address P.O. BOX 7343	12.42			00\ 000 1040				
		BEAUMONT, TX 77726-7			Phone no. ( <b>4</b>					
Ma	v the IF	RS discuss this return with the preparer shown above? Se	e instructions			X Yes No				

Pai	Check if Schoolule O contains a response or note to any line in this Part III	X
1	Check if Schedule O contains a response or note to any line in this Part III	
•	THE FOR ALL MANKIND MOVEMENT EXISTS TO INITIATE, NURTURE AND	
	FACILITATE ORAL OUTREACH STRATEGIES THAT RESULT IN CHURCH PLANT	ring
	MOVEMENTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organization of the se	rpenses, and
	revenue, if any, for each program service reported.	
4a		,890,918.
	TO NURTURE AND TEACH IMMIGRANT WORKERS IN THE REGION WITH THE I	HOPE TO
	SEND THEM BACK AS MISSIONARIES TO THEIR OWN PEOPLE.	
4b	(Code: ) (Expenses \$ 13,046 • including grants of \$ 92,073 • ) (Revenue \$	103,279.)
40	(Code: ) (Expenses \$ 13,046 · including grants of \$ 92,073 · ) (Revenue \$ DISTRIBUTION OF HYGIENE KITS FILLED WITH BASIC NECESSITIES OF A	
	WORKER IN THE REGION	1 2112011
	<u></u>	
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ including grants of \$ 2,313.) (Revenue \$	)
4e	Total program service expenses   1,224,629.	,
	-11	Form <b>990</b> (2020)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b> </b> ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	Х	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del></del>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del></del>
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

. u.	Cite and a reduced contained pointinged)			1			
00	Did the every institute was set to see the set of 000 of everyte as other assistance to set for demonstrational set.		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х				
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<del>                                     </del>			
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		X			
h	Did the organization invest any proceeds of tax-exempt bonds beyond 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					
d	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	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		Х			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV						
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f						
	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l			
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,,			
	Part V, line 1	34		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del>                                     </del>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<sub>v</sub>			
27	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			x			
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<del>  ^</del>			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х				
Pai	Note: All Form 990 filers are required to complete Schedule O	_ 30		Ь			
. 4	Check if Schedule O contains a response or note to any line in this Part V						
	Shook if Contours Contains a response of flote to any line in this fact v		Yes	No			
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		163	140			
b							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
•	(gambling) winnings to prize winners?	1c	Х				

032004 12-23-20

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0-		x
	any contributions that were not tax deductible as charitable contributions?		6a		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	_	6h		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		x
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
·	to file Form 8282?		7с	х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	<u> </u>	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:	ا مد			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	110			
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				,,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Гани	990	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year	5										
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?											
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?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5												
6	Did the organization have members or stockholders?	6		X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	X									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	X									
b	Other officers or key employees of the organization	15b		X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7								
	taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ► NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	3)s only	/) avai	lable								
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial									
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
	BROOKE PHILLIPS - 409/539-8224 12335 KINGSRIDE LANE #346, HOUSTON, TX 77024											
	12335 KINGSRIDE LANE #346, HOUSTON, TX 77024											

032006 12-23-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

<b>(A)</b> Name and title	(B) Average hours per week	Average (do no:					h an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KEVIN PHILLIPS PRESIDENT	50.00	-		Х				120,012.	0.	106,400
(2) BRIAN A JONES	48.00									
DEVELOPMENT DIRECTOR		1				х		101,922.	0.	36,000
(3) TODD BROCK	1.00							-		-
DIRECTOR		Х						0.	0.	0
(4) JOHN DOUGHTIE	1.00									
DIRECTOR	1 00	Х						0.	0.	0
(5) CLAYTON HENDERSON	1.00	ļ ,,							0	0
DIRECTOR	1.00	Х						0.	0.	0
(6) GREG SALYER DIRECTOR	1.00	x						0.	0.	0
(7) TODD HOLCOMB	1.00	125			<del>                                     </del>			0.	0.	0
DIRECTOR		x						0.	0.	0
		_								
		-								

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	an	(F) stimate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC) from organi:		d relate	ion ed
	Subtotal								221,934.		0.	14	2,4	00.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	0. 221,934.		0.		2,4	0.
2	Total number of individuals (including but n compensation from the organization							no r		0,000 of reportab	ole		,	2
3	Did the organization list any <b>former</b> officer,	director, trust	ee, l	кеу (	emp	loye	e, o	r hig	ghest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J t	for such individual			4	Х	
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors					-						5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens	ation 1	from	
	<b>(A)</b> Name and business	address	N	INC	Ξ				(B) Description of s	ervices	С	(C Compe	<b>)</b> nsatio	n
	Total number of independent contractors (i	including but a	O+ II	mito	d to	the	eo li	etoo	1 above) who received =	ore than				
_	\$100,000 of compensation from the organi	ŭ	OL II	iiiile	u io		0	3160	above, who received if	IOIE HIAH			000 //	

Ра	rt \	/							
			Check if Schedule O c	ontains a respons	e or note to any li				
						(A)	(B) Related or exempt	(C) Unrelated	( <b>D</b> ) Revenue excluded
						Total revenue		business revenue	for any harmonical and
									sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
ara our		b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events						
Sift lar ,			Related organizations						
s, ( mil			Government grants (contri		102,700.				
ion			All other contributions, gifts, g	· -					
but			similar amounts not included a		,994,197.				
JĘĘ O		g	Noncash contributions included in I	··· <del>                                   </del>	15,000.	-			
Sor		_	Total. Add lines 1a-1f			2,096,897.			
_		•	Totall / local miles fa in		Business Code	, ,			
o	2	а							
vic		b							
Ser									
Z S		c							
Program Service Revenue		d							
Pro		e	All allandanian and a surface						
			All other program service r						
_	_		Total. Add lines 2a-2f						
	3		Investment income (includ	-					
	_		other similar amounts)						
	4		Income from investment of	•					
	5		Royalties						
				(i) Real	(ii) Personal				
	6			6a					
		b	Less: rental expenses	6b					
		С	Rental income or (loss)	6c					
		d	Net rental income or (loss)		<b>)</b>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	7a					
		b	Less: cost or other basis						
ne			and sales expenses	7b					
Revenue		С	Gain or (loss)						
Re			Net gain or (loss)						
Jer	8		Gross income from fundraisin						
O <del>t</del> h			including \$	of					
			contributions reported on I	line 1c). See					
			Part IV, line 18		a				
		b	Less: direct expenses		0				
			Net income or (loss) from f		<b>&gt;</b>				
	9		Gross income from gaming						
			Part IV, line 19		a				
		h	Less: direct expenses		<u> </u>				
			Net income or (loss) from g						
	10		Gross sales of inventory, le						
	.0	u	and allowances		la l				
		h	Less: cost of goods sold			-			
			Net income or (loss) from s		<u> </u>				
			Net income or (loss) from s	sales of inventory	Business Code				
snc	11				Baomess Code				
nec	• •					1	1		
Miscellaneous Revenue		b				1	1		
Re		c	All other reverses			<del> </del>			
Σ			All other revenue			<del> </del>			
	40		Total. Add lines 11a-11d			2,096,897.	0.	0.	0.
	12		Total revenue. See instruction	IIS	<b>)</b>	<u> </u>	1 0.	<u> </u>	∪•

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	440 555	440		
	individuals. See Part IV, lines 15 and 16	443,575.	443,575.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 010	E0 000	10 000	01 600
	trustees, and key employees	120,012.	79,208.	19,202.	21,602
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	246 100	242 607	71 400	20 072
7	Other salaries and wages	346,182.	242,687.	71,422.	32,073
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	165,800.	121,280.	15,960.	28,560
9	Other employee benefits		-		28,560 82
10	Payroll taxes	20,387.	14,702.	5,603.	04
11	Fees for services (nonemployees):				
а	Management	7,139.	6 202	936.	
b	Legal	16,192.	6,203.	16,192.	
C	Accounting	10,192.		10,192.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	74,170.	43,785.	15,774.	11 611
	column (A) amount, list line 11g expenses on Sch O.)	10,617.	7,227.	1,817.	14,611
12	Advertising and promotion	99,815.	31,294.	67,921.	600
13	Office expenses	99,013.	31,294.	01,921.	000
14	Information technology				
15	Royalties	42,506.	60.	42,446.	
16	Occupancy	83,466.	77,062.	4,242.	2,162
17	Travel	03,400.	77,002.	7,272.	2,102
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	40,720.	33,232.	122.	7,366
19 20	Conferences, conventions, and meetings	±0,720•	55,252.	122.	7,500
20	Interest Payments to affiliates				
21	Payments to affiliates	19,159.		19,159.	
22 23		34,304.	25,144.	3,661.	5,499
23 24	Other expenses. Itemize expenses not covered	31,301	20,111	3,001.	5, 455
<b>24</b>	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MINSTRY EXPENSES	92,852.	92,852.		
b	GIFTS	14,516.	1,338.	9,420.	3,758
c	PHONE	7,211.	4,980.	1,357.	874
d		- ,	= , 5 5 5 6	=,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,638,623.	1,224,629.	295,234.	118,760
26	Joint costs. Complete this line only if the organization	, , , , , , ,	, , , , , , , ,	,	-,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
					Form <b>990</b> (2

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			491,168.	1	956,574
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6	
žį:	7	Notes and loans receivable, net				7	
Assers	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		100 444			
		basis. Complete Part VI of Schedule D		138,411.			
	b	Less: accumulated depreciation		101,700.	46,129.	10c	36,711
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			F 2 F 2 O 2 F	15	002 005
_	16	Total assets. Add lines 1 through 15 (must eq		_ <del>_</del>	537,297.	16	993,285
	17	Accounts payable and accrued expenses			2,395.	17	109
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se!	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•	·		0.5	
	26	of Schedule D			2,395.	25 26	109
	20	Organizations that follow FASB ASC 958, ch			2,333.	20	103
se		and complete lines 27, 28, 32, and 33.	eck nei				
auc	27	Net assets without donor restrictions			306,521.	27	597,032
g	28	Net assets with donor restrictions			228,381.	28	396,144
	20	Organizations that do not follow FASB ASC				20	000,222
Net Assets or Fund Balances		and complete lines 29 through 33.	000, 0110				
, P	29	Capital stock or trust principal, or current fund	3			29	
) jet	30	Paid-in or capital surplus, or land, building, or e				30	
AS	31	Retained earnings, endowment, accumulated i				31	
je	32	Total net assets or fund balances			534,902.	32	993,176
-	33	Total liabilities and net assets/fund balances		ı	537,297.	33	993,285
					,		Form <b>990</b> (2020

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		2,09 L,63		
2	Total expenses (must equal Part IX, column (A), line 25)		1,03	8,8 8,2	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>0,∠</u> 4,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	4,9	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		0.0	<b>~</b> 1	n.c
	column (B))	10	99	3,1	76.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	d on a			
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 separat	e basis,			
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE FOR ALL MANKIND MOVEMENT, INC Employer identification number \*\*-\*\*\*3324

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)								
3	$\Box$									
	$\vdash$		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name,								
			city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ped in		
		section 170(b)(1)(A)(iv). (C	complete Part II.)							
6	Ш	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	'0(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A community trust describe	ed in <b>section 170(b)</b>	1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in coniu	inction with a land-grant	college		
		or university or a non-land-g				-		-		
		university:	, and conlege of agric		Lintor tiro	riarrio, ori	,, and state of the coneg	0 01		
10		An organization that norma	lly receives (1) more	than 33 1/30% of its sun	nort from (	contributio	one momborship foos a	ad gross receipts from		
10										
		activities related to its exen	•	·				-		
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ilred by the organization	after June 30, 1975.		
		See <b>section 509(a)(2).</b> (Cor	• ,							
11	Н	An organization organized a	•	•	-					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section (	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in		
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.			
а			nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting		
		organization. You must c	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving		
		control or management o	•					-		
		organization(s). You mus					····· -· ··· ·························			
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with		
Ŭ		its supported organization	-				•	od with,		
d		Type III non-functionally		•				zation(s)		
u			=							
		that is not functionally int	-	-	-		-	iveriess		
		requirement (see instructi	•							
е		☐ Check this box if the orga					ı Type I, Type II, Type III			
_		functionally integrated, or	• •	nally integrated support	ing organiz	zation.				
t		er the number of supported of								
g		vide the following information			(iv) Is the orga	nization listed	(a) Amount of monotonic	(vi) Amount of other		
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		organization		àbove (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
r <sub>at</sub> ,										

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

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

Sec	ction A. Public Support	71	•	•				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and	. ,	` '	. , ,	, ,	` '	.,	
	membership fees received. (Do not							
	include any "unusual grants.")	985,752.	1200303.	1521238.	1839316.	1994197.	7540806.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge		100000	1501000	1000016	4004405	EE 40006	
4	Total. Add lines 1 through 3	985,752.	1200303.	1521238.	1839316.	1994197.	7540806.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						115,929.	
	Public support. Subtract line 5 from line 4.						7424877.	
	ction B. Total Support				1			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018 1521238.	(d) 2019	(e) 2020	(f) Total 7540806.	
7	Amounts from line 4	985,752.	1200303.	1521238.	1839316.	1994197.	/540806.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						7540806.	
11	• • • • • • • • • • • • • • • • • • • •		,				7540000.	
12	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12		
13	First 5 years. If the Form 990 is for the			•	•	. , . ,	▶□	
Sec	organization, check this box and stop etion C. Computation of Publ		rcentage				<b>P</b>	
	Public support percentage for 2020 (I			column (f\)		14	98.46 %	
	Public support percentage from 2019					15	99.80 %	
	33 1/3% support test - 2020. If the c					L L		
	<b>stop here.</b> The organization qualifies							
b								
-	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	-						
	meets the facts-and-circumstances te			=	•	Trion are organiz		
b	10% -facts-and-circumstances tes	_	· · · · · · · · · · · · · · · · · · ·	* *	-			
~	more, and if the organization meets the	-						
	organization meets the facts-and-circu				-			
18	·		-				s	
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	qualify under the tests listed be ction A. Public Support	low, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2018	(u) 2019	( <del>e)</del> 2020	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inoccupidor continu 512						
1	Tax revenues levied for the organ						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010	(2) 23 11	(0) 2010	(4) 2010	(6) 2020	(i) rotal
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
	ala a de Mais de accesar de Assa de acces	•				. , . ,	, ▶□
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						-
17	Investment income percentage for 202	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box an						ightharpoons
k	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	- Ou		
	3b		
	3с		
	30		
	4a		
	46		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ո 9	90 or 99	ル)-F <b>フ</b> )	12020

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	9		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	) <u>.</u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust o	n Nov. 20, 1970 (explain in <b>I</b>	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see						

Schedule A (Form 990 or 990-EZ) 2020

instructions).

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt p	ourposes	1						
2	Amounts paid to perform activity that directly furthers exempt pur	poses of supported							
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purposes of	supported organization	s <b>3</b>						
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.		6						
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the organizations	ganization is responsive	)						
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2020 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount	10							
Sect	ion E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020						

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
C	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE FOR ALL MANKIND MOVEMENT, INC

**Employer identification number** \*\*-\*\*\*3324

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advise	d funds (	<b>(b)</b> Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fun	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	ny other purpose confer	rring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	1	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired $% \left( x\right) =\left( x\right) \left( x\right) \left($			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the organ	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i	it holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conservati	on easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation ea	asements during the year
_	<b>&gt;</b> \$			21.00
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati		· ·	
	balance sheet, and include, if applicable, the text of the foots	note to the organization s	i imanciai statements tr	iat describes trie
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections o	of Art Historical Tre	asures or Other	Similar Assets
. u	Complete if the organization answered "Yes" on Form	•	addres, or other	ommar Addoto.
12	If the organization elected, as permitted under FASB ASC 95		anue statement and ha	lance sheet works
ıu	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final	·		illoc of public
h	If the organization elected, as permitted under FASB ASC 95			se sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	s s.a.nomori, oddodnori, o		
	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A		- ·	p
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

032051 12-01-20

Sche	dule D (Form 990) 2020 THE FOR	ALL MANKIND	MOVEMEN	T. INC	**_*	***3324 Page 2
	rt III Organizations Maintaining Co					
3	Using the organization's acquisition, accession	·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	collection items (check all that apply):		·	· ·	· ·	
а	Public exhibition	<b>d</b> [	Loan or exc	change program		
b	Scholarly research	е [	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain he	ow they further t	the organization's ex	kempt purpose in F	Part XIII.
5	During the year, did the organization solicit or					
	to be sold to raise funds rather than to be ma	intained as part of the	organization's c	ollection?	[	Yes No
Pai	rt IV Escrow and Custodial Arrang					IV, line 9, or
	reported an amount on Form 990, Part	: X, line 21.				
1a	Is the organization an agent, trustee, custodia	an or other intermediar	y for contribution	ns or other assets n	ot included	
	on Form 990, Part X?				[	Yes No
b	If "Yes," explain the arrangement in Part XIII a					
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	, for escrow or c	ustodial account lia	bility?l	Yes       No
	If "Yes," explain the arrangement in Part XIII.					
Pai	t V Endowment Funds. Complete if	the organization answ	ered "Yes" on F	orm 990, Part IV, line	e 10.	
		(a) Current year	<b>(b)</b> Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curre	ent year end balance (l	ne 1g, column (	a)) held as:		
а	Board designated or quasi-endowment	%	)			
b	Permanent endowment	%				
С	Term endowment					
	The percentages on lines 2a, 2b, and 2c should					
3a	Are there endowment funds not in the posses	ssion of the organizatio	n that are held a	and administered for	r the organization	<del></del>
	by:					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organizat			)		3b
<u>4</u>	Describe in Part XIII the intended uses of the		nent funds.			
rai	t VI Land, Buildings, and Equipme			0 F 000 B :	V. B 40	
	Complete if the organization answered	1				(1) 5
	Description of property	(a) Cost or othe	1 ' '	' '	Accumulated	(d) Book value
10	Land	basis (investmen	u Dasis	(other) d	lepreciation	

00. 36,711. ► 36,711. Schedule D (Form 990) 2020

101,700.

e Other.

b Buildingsc Leasehold improvementsd Equipment

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

138,411.

Schedule D (Form 990) 2020 THE FOR ALL	MANKIND MOVE	EMENT INC	**-***3324 Page 3
Part VII Investments - Other Securities.	111111111111111111111111111111111111111		3321 Fage
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D . N. II		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) book value	(c) Method of Valuation. Cost of	end-or-year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		<u> </u>
Complete if the organization answered "Yes" of	on Form 000 Port IV line	a 11a or 11f Soo Form 000 Port V line	. 25
(a) Description of liability	on Form 990, Fart IV, line	e TTE OF TTT. See FOITH 990, Fait A, IIIIe	(b) Book value
(1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
			<u> </u>

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

Schedule D (Form 990) 2020

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

Pa	rt XI	Reconciliation of Revenue per Audited Financial S	tatements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV	line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	nes <b>2a</b> through <b>2d</b>		2e	
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes <b>4a</b> and <b>4b</b>		4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Ра	rt XII	Reconciliation of Expenses per Audited Financial		ses per Heturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV		<u> </u>	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ed services and use of facilities			
b		/ear adjustments			
С.		losses			
d		(Describe in Part XIII.)	<u>-</u>		
e		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	45		
a		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.) nes <b>4a</b> and <b>4b</b>		4c	
5		nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i>			
		Supplemental Information.	, 10.,	3	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1h and 2h: Pa	art V line 4· Part X line 2· Par	t XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide		are v, mro 1, r are x, mro 2, r ar	.,
		,,	<b>,</b>		

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

<b>v</b> aiii	e or the organization					Employer lacita	
гні	E FOR ALL MAN	KIND MOV	EMENT, I	NC		**-***33	24
Pa				tside the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV	/, line 14b.					
1	=	-		ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance?	Yes X No
_							
2		ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	tside the
2	United States.	ha fallowing Dari	. L line O table o	on he duplicated if additional appear in	acadad \		
3	(a) Region	(b) Number of		an be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total
	(-,, 3	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	independent	gram services, investments, grants to		e specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
נטספ	TH ASIA	0	250	PROGRAM SERVICE 1	MISSION OUT	REACH	349,189.
10110	חוו אמדא	0	0	DDOGDAM GEDYLGE 2	IIVOTENE KTO	ng	02 073
.00	TH ASIA	0	0	PROGRAM SERVICE 2	HYGIENE KIT	. <b>5</b>	92,073.
3 a	Subtotal	0	250				441,262.
	Total from continuation						<u> </u>
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3h)	l 0	250				441 262.

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

Schedule F (Form 990) 2020

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			I recognized as charities by the or counsel has provided a sec			<b>&gt;</b>	<u> </u>	1

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (f) Amount of (g) Description of (h) Method of (e) Manner of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance INDIA, PAKISTAN, HYGIENE SUPPLIES NEPAL 72,000 0. 92,073. HYGIENE SUPPLIES воок INDIA, PAKISTAN, BENEVOLENCE NEPAL 1,450 27,441.CASH PAYMENT 0 воок INDIA, PAKISTAN, MINISTRY SUPPORT NEPAL 250 321,748.WIRE TRANSFER 0. воок

### Schedule F (Form 990) 2020 Part IV Foreign Forms

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

Schedule F (Form 990) 2020

Part V | Supplemental Information

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

PART 1 LINE 2

PART 1, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS. THE FOR ALL MANKIND MOVEMENT INC. PARTNERS WITH LIKE-MINDED NATIONALS TO JOIN OUR EVANGELISM AND CHURCH PLANTING TRAINING PROGRAM. AFTER THESE INDIVIDUALS ARE TRAINED THEY CARRY OUT THE FUNCTION OF OUR MINISTRY AMONG THEIR REGIONS. WE HAVE DIFFERENT LEVELS OF VOLUNTEERS IN EACH PLACE IN WHICH WE WORK - STATE LEADERS, REGINAL CORRDINATORS, DISTRICT LEADERS AND LOWER LEVEL LEADERS. THE FOR ALL MANKIND MOVEMENT ASSISTS OUR VOLUNTEER LEADERS WITH COMPASSION KITS, AS WELL AS SOME MONETARY ASSISTANCE TO HELP THEM FACILITATE THEIR MINISTRIES.

THE STATE LEADERS WORK DIRECTLY WITH OUR US STAFF FOR REPORTING, ACCOUNTABILITY AND DISTRIBUTION OF FUNDS. OUR US STAFF MAKE REGULAR FIELD VISITS FOR CONTINUED TRAINING AND ACCOUNTABILITY. THE STATE LEADERS SUBMIT QUARTERLY MINISTRY AND FINANCIAL REPORTS TO OUR STAFF. THEY ARE THEN VERIFIED BY FREQUENT FIELD VISITS FROM OUR US STAFF.

ALL FINANCIAL ASSISTANCE TO INDIA IS RECEIVED AND DISTRIBUTED THROUGH A GOVERNMENT APPROVED TRUST ACCOUNT. FUNDS ARE DISTRIBUTED AND ACCOUNTED ACCORDING TO THE FOR ALL MANKIND MOVEMENT'S BOARD APPROVED ANNUAL BUDGET.

Schedule F (Form 990) 2020

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE FOR ALL MANKIND MOVEMENT INC Employer identification number \*\*-\*\*\*3324

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L	

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title				(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KEVIN PHILLIPS	(i)	120,012.	0.	0.	0.	106,400.	226,412.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

\*\*-\*\*\*3324

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

THE FOR ALL MANKIND MOVEMENT, INC **Employer identification number** \*\*-\*\*\*3324

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE FOR ALL MANKIND MOVEMENT EXISTS TO INTITIATE, NURTURE AND FACILITATE ORAL OUTREACH STRATEGIES THAT RESULT IN CHURCH PLANTING MOVEMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DOMESTIC MINISTRY GRANTS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 2,313. REVENUE \$ 0.

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

FORM 990 PART VI, LINE 11B - ORGANIZATIONS PROCESS TO REVIEW FORM 990 COPY OF THE RETURN IS REVIEWED BY THE GOVERNING BODY AT ANNUAL MEETING WITH FINAL APPROVAL BY PRESIDENT.

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

ENFORCEMENT OF CONFLICTS OF INTEREST POLICY TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE IT'S TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

- WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONALBE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.
- WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE FOR ALL MANKIND MOVEMENT INC'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization THE FOR ALL MANKIND MOVEMENT, INC

Employer identification number \*\*-\*\*3324

INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT

TRANSACTION.

IF THE GOVERNING BOARD OR COMMITEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER

HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL

INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN

OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF AFTER, HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER

INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR

COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR

POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND

CORRECTIVE ACTION.

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

COMPENSATION PROCESS FOR TOP OFFICIAL SALARY IS DETERMINED BY THE BOARD OF DIRECTORS, TAKING INTO ACCOUNT THE PRESIDENT'S EXPERIENCE AND TIME SERVING THE ORGANIZATION. COST OF LIVING IS BASED ON THE COMMUNITY IN WHICH THE PRESIDENT LIVES. BUDGET, INCLUDING COMPENSATION IS VOTED ON AND APPROVED BY THE BOARD DURING THE REGULAR BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 18:

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.

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

COPY OF THE RETURN IS REVIEWED BY THE GOVERNING BODY AT THE ANNUAL MEETING WITH FINAL APPROVAL BY PRESIDENT.

FORM 990, PART XI, LINE 9

#### 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
1	PRODUCTION EQUIPMENT	01/31/14	SL	5.00	1	.6	3,986.				3,986.	3,986.		0.	3,986.
2	SOFTWARE	01/31/14	SL	3.00	1	.6	1,513.				1,513.	1,513.		0.	1,513.
3	FURNITURE	05/09/14	SL	5.00	1	.6	4,413.				4,413.	4,413.		0.	4,413.
4	FURNITURE	09/02/14	SL	5.00	1	.6	3,090.				3,090.	3,090.		0.	3,090.
5	FURNITURE	09/02/14	SL	5.00	1	.6	1,619.				1,619.	1,619.		0.	1,619.
6	FURNITURE	09/18/14	SL	5.00	1	.6	1,697.				1,697.	1,697.		0.	1,697.
7	EQUIPMENT	01/31/14	SL	5.00	1	.6	674.				674.	674.		0.	674.
8	SOFTWARE	03/03/14	SL	3.00	1	.6	531.				531.	531.		0.	531.
9	COMPUTER	07/15/14	SL	5.00	1	.6	1,317.				1,317.	1,317.		0.	1,317.
10	ELECTRONICS	08/07/14	SL	5.00	1	.6	968.				968.	968.		0.	968.
11	SOFTWARE	08/07/14	SL	3.00	1	.6	642.				642.	642.		0.	642.
12	SOFTWARE	09/02/14	SL	3.00	1	.6	659.				659.	659.		0.	659.
13	SOFTWARE	09/18/14	SL	3.00	1	.6	514.				514.	514.		0.	514.
14	EQUIPMENT	10/22/14	SL	5.00	1	.6	2,039.				2,039.	2,039.		0.	2,039.
15	CAMERA	01/02/15	SL	5.00	1	.6	1,279.				1,279.	1,279.		0.	1,279.
16	COMPUTER	06/25/15	SL	5.00	1	.6	1,298.				1,298.	1,168.		130.	1,298.
17	PHONE	07/07/15	SL	5.00	1	.6	843.				843.	759.		84.	843.

028111 04-01-20

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ne Unadj o. Cost O	justed r Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	PHONE	12/28/15	SL	5.00	1	5	708.				708.	566.		142.	708.
19	COMPUTER	03/19/15	SL	5.00	1	5 1	,007.				1,007.	957.		50.	1,007.
20	OFFICE FURNISHINGS	03/03/15	SL	5.00	1	5 7	,097.				7,097.	6,860.		237.	7,097.
21	OFFICE FURNISHINGS	03/09/15	SL	5.00	1	5 3	,413.				3,413.	3,299.		114.	3,413.
22	OFFICE FURNISHINGS	03/16/15	SL	5.00	1	5 1	,956.				1,956.	1,858.		65.	1,923.
23	OFFICE FURNISHINGS	04/02/15	SL	5.00	1	5	680.				680.	646.		34.	680.
24	FURNISHINGS (COPE)	03/31/15	SL	5.00	1	5 1	,223.				1,223.	1,162.		61.	1,223.
25	FURNISHINGS (COPE)	04/30/15	SL	5.00	1	5 3	,107.				3,107.	2,900.		207.	3,107.
26	CAR (TRAVIS)	03/19/15	SL	5.00	1	5 1	,934.				1,934.	1,837.		97.	1,934.
27	COMPUTER (GENERAL)	12/05/17	SL	5.00	1	5 3	,047.				3,047.	1,270.		609.	1,879.
28	FURNISHINGS (GENERAL)	09/02/17	SL	5.00	1	5 2	,743.				2,743.	1,280.		549.	1,829.
29	NISSAN SUV (GENERAL)	07/05/17	SL	5.00	1	35	,000.				35,000.	17,500.		7,000.	24,500.
30	TOYOTA TRUCK (GENERAL)	11/05/17	SL	5.00	1	33	,574.				33,574.	14,549.		6,715.	21,264.
31	COMPUTER	05/01/18	SL	5.00	1	5 2	,800.				2,800.	933.		560.	1,493.
32	APPLE 27" IMAC	12/02/19	SL	5.00	1	5 3	,299.				3,299.	55.		660.	715.
33	FURNITURE - SIX PERSON POD	01/02/20	SL	5.00	1	6	,680.				6,680.			1,336.	1,336.
34	FURNITURE - TWO PERSON POD	03/04/20	SL	5.00	1	5 3	,061.				3,061.			510.	510.
	* 990 PAGE 10 TOTAL OTHER					138	,411.				138,411.	82,540.		19,160.	101,700.

028111 04-01-20

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						138,411.				138,411.	82,540.		19,160.	101,700.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						128,670.			0.	128,670.	82,540.			99,854.
	ACQUISITIONS						9,741.			0.	9,741.	0.			1,846.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						138,411.			0.	138,411.	82,540.			101,700.
	ENDING ACCUM DEPR											101,700.			
	ENDING BOOK VALUE											36,711.			