COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

Form **990**

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

Department of the Treasury

Open to Public Inspection

2021 A For the 2021 calendar year, or tax year beginning JUL 1 and ending JUN 30, 2022 Check if applicable: C Name of organization D Employer identification number Address change Empowering Lives International Name change 33-0610787 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ PO Box 67 909-931-1311 terminated G Gross receipts \$ 2,575,470. City or town, state or province, country, and ZIP or foreign postal code Amended return Upland, CA 91785 H(a) Is this a group return Applica-F Name and address of principal officer: Jim Caya ∫Yes 🗓 No for subordinates? pending same as C above **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ www.empoweringlives.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1994 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: To empower the oppressed in East Activities & Governance and Central Africa through training education & sharing the Gospel. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 6 14 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 40 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 2,205,843 2,537,409. Contributions and grants (Part VIII, line 1h) Revenue 0 1,280. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13,024 515. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 2,218,867 2,538,174. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,253,014 1,149,094. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 529,592, 674,966. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 136,151 168,497. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,918,757 1,992,557 545,617. 300,110. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,264,329 1,824,175. Total assets (Part X, line 16) 41 208 55,437. 21 Total liabilities (Part X, line 26) Net/ 1,223,121, 1,768,738. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. James K 03/13/2023 Signature of officer Sign Jim Caya, Chief Executive Officer Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 3/14/2023 Paid Ashley Peabody P01385870 Capin Crouse LLP Preparer Firm's name Firm's EIN ▶ 36-3990892 Firm's address 3200 Guasti Road, Suite 230 Use Only Phone no.505-502-2746 Ontario, CA 91761 May the IRS discuss this return with the preparer shown above? See instructions X Yes

	990 (2021) Impowering five Assemblishments
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Empowering Lives International (ELI) exists to empower the poor and
	oppressed in East and Central Africa through training and education,
	share the Gospel of Jesus Christ, and to motivate and involve others
	worldwide to invest their lives and gifts in this same mission.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,003,928. including grants of \$1,003,928.) (Revenue \$
	Kenya / South Sudan
	Kenya
	ELI strategically works alongside gifted national leaders to break the
	cycle of poverty with the purpose of "IgnitingWorld Changers." Our
	unique ministry model centers around being collaborative,
	decentralized, and multiplicative. As families and orphans are equipped
	with lifeskills, deepening relationships with God, and
	communication/leadership skills, real change is taking place in
	villages around East Africa. Because life-skills, income-generating
	ideas, and agribusiness are dynamically integrated with the Gospel,
	real change is taking place from the inside-out within a person then a
4b	(Code:) (Expenses \$
	USA/General Fund
	The US-based staff do more than administrative work. They are active
	participants in ministry. Whether it be through their advising,
	consulting, and overseeing work in Africa or communicating with
	sponsors, partners, and donors in the USA, the ministry is fueled by
	the dynamic staff and relationship building that happens domestically.
	Some staff hours are spent processing donations and engaging what many
	would consider admin functions. However, the majority of US human
	resource time is spent directly investing in, participating in, and
	advancing the impact in Africa and in the hearts and lives of the wonderful partners who help to finance this special and unique
	ministry.
4 -	
4c	(Code:) (Expenses \$
	In this war torn nation, ELI established the Empowering Lives Christian
	Academy located in the Keredi slum in the heart of the bustling city of
	Bukavu. The school provides a Christian education and lunch to over 650
	children (K-12) who would otherwise not have access to any education or
	nutrition. The ELI Extension Training Program complements the school
	program with short workshops in business and agriculture to help
	suffering families gain access to poverty breaking knowledge.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 24,685. including grants of \$ 24,685.) (Revenue \$)
4e	Total program service expenses ► 1,730,803.

33-0610787

Form 990 (2021) Empowering Lives International 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	Х	
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		^
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		l x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		Λ
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f		116		
•	the organization's separate of 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		l x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
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			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

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D 11/	Checklist of Required Schedules (continued)
Dart IV	I I TOOCKIICT OF WOOLIIFOO SCHOOLIIOC (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
•	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		Α
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	i

021) Empowering Lives International Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2021) Part V

			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 2a14	2b	х						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х					
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Α					
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f	3 , 3 , 11 , 1 , , , , ,								
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
J	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form 990 (2021) Empowering Lives International 33-0610787 Page
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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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		Х
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		Х
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	
	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, IA, IL, NY, OH, WA			
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) avail	able
	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, are	nd finar	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			
	Jim Caya - 909-931-1311			

91785

PO Box 67, Upland, CA

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

Х

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) (B)			organization compensate (C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than o		one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week	┢	Lei ai	lu a u	lirecio)/ ii us	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or c	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	adwo		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	/id ual	tution	je je	Key employee	lest co loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) Donald Rogers	50.00									
Chief Visionary Officer & Founder		Х		Х				69,358.	0.	62,114.
(2) Jim Caya	50.00									
Chief Executive Officer				Х				88,778.	0.	5,657.
(3) Ron Higgins	3.00									
Chairman of the Board		Х		Х				0.	0.	0.
(4) Joe Stevick	0.50									
Treasurer		Х		Х				0.	0.	0.
(5) Cheryl Rouse	0.50									
Secretary		Х		Х				0.	0.	0.
(6) Mike Perkinson	0.30									
Board member		Х						0.	0.	0.
(7) Marijo Bos	0.30									
Board member		Х						0.	0.	0.
(8) Liz Stafford	0.50	-								
Board member		Х						0.	0.	0.
		-								
		-								
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132007 12-09-21 Form **990** (2021)

	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	ition more than one rson is both ar irector/trustee)		h an	(D) Reportable compensation from	(E) 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/ 1099-NEC)	•	organizations (W-2/1099-MISC/ 1099-NEC)			
	Subtotal							<u> </u>	158,136.		0.		67	,771.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0. 158,136.		0.		67	0. ,771.
	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportab	le		V	0
3	Did the organization list any former officer,												Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion 1	from	any	/ uni	elat	ted organization or indiv	idual for services		5		X
	tion B. Independent Contractors								U1			_		
1	Complete this table for your five highest countries the organization. Report compensation for	-	-						n the organization's tax		ipens			
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	C	Compe	C) nsatio	n
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >					0					F	990	(2021)

33-0610787

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2,537,409. 1f 46,710. g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f ... 2,537,409 **Business Code** 1,280 Program Service Revenue 2 a Virtual trips 900099 1,280. f All other program service revenue g Total. Add lines 2a-2f 1,280. Investment income (including dividends, interest, and 281 281 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 26,500 10,000. 7a **b** Less: cost or other basis Other Revenue 27,296. 10,000. and sales expenses 7b -796. 0. c Gain or (loss) ______7c -796. -796. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 2,538,174. 1,280. -515, 12

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	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,149,094.	1,149,094.		
4	Benefits paid to or for members	1,113,031.	1,113,031.		
5	Compensation of current officers, directors,				
J	trustees, and key employees	250,788.	190,109.	14,927.	45,752.
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	355,070.	254,000.	79,704.	21,366.
8	Pension plan accruals and contributions (include	, ,	,	, ,	, -
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,980.	21,304.	4,558.	3,118.
10	Payroll taxes	40,128.	30,086.	7,334.	2,708.
11	Fees for services (nonemployees):	·	·		·
а	Management				
b		16,364.		16,364.	
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	800.			800.
12	Advertising and promotion	46,798.	38,273.		8,525.
13	Office expenses	37,705.	9,530.	24,051.	4,124.
14	Information technology	31,399.	14,434.	9,426.	7,539.
15	Royalties				
16	Occupancy	5,314.	1,488.	2,285.	1,541.
17	Travel	12,855.	12,855.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,632.			7,632.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2.522	2 622		
23	Insurance	9,630.	9,630.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
a					
b					
C C					
d	All other expenses				
e 25	All other expenses	1 992 557	1 720 202	158,649.	103,105.
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,992,557.	1,730,803.	130,049.	103,103.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	in tollowing doi: 30-2 (Add 330-720)		L		F 000 (2224)

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or not	te to an	/ line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			484,828.	1	1,035,961.
	2	Savings and temporary cash investments			750,129.	2	750,410.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
iabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
sse	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			4,242.	9	3,260.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,212.			
	b	Less: accumulated depreciation	10b	25,212.	0.	10c	0.
	11	Investments - publicly traded securities			25,130.	11	34,544.
	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		15			
	16	Total assets. Add lines 1 through 15 (must equ	1,264,329.	16	1,824,175.		
	17	Accounts payable and accrued expenses		41,208.	17	55,437.	
	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 form	ner offic	er, director,			
Ĕ		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
jap		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			41,208.	26	55,437.
'n		Organizations that follow FASB ASC 958, che	ck her	• ► X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			457,495.	27	536,283.
B	28	Net assets with donor restrictions		<u></u>	765,626.	28	1,232,455.
Ĕ		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🔲			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed	quipmer	t fund		30	
t As	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Š	32	Total net assets or fund balances			1,223,121.	32	1,768,738.
	33	Total liabilities and net assets/fund balances			1,264,329.	33	1,824,175.

Form **990** (2021)

1 0111	1000 (2021)			· ~;	<u>90</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,538,	,174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,992	,557.
3	Revenue less expenses. Subtract line 2 from line 1	3		545	,617.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,223	,121.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,768	,738.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
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		3h		l

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

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 Employer identification number Empowering Lives International 33-0610787 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,843,599.	1,751,949.	2,221,114.	2,205,843.	2,537,409.	10,559,914.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,843,599.	1,751,949.	2,221,114.	2,205,843.	2,537,409.	10,559,914.
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)						813,380.
6	Public support. Subtract line 5 from line 4.						9,746,534.
	etion B. Total Support		# N 00 40	() 00/0	(N 0000	() 0004	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,843,599.	1,751,949.	2,221,114.	2,205,843.	2,537,409.	10,559,914.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	64.	31,798.	25 212	12 024	281.	70 470
_	and income from similar sources	04.	31,790.	25,312.	13,024.	201.	70,479.
9	Net income from unrelated business						
	activities, whether or not the						
40	Other income. Do not include gain						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	586.					586.
11		300.					10,630,979.
12	Gross receipts from related activities,	etc (see instructi	one)			12	1,280.
13	First 5 years. If the Form 990 is for the			fourth or fifth tax v	vear as a section 5		
	organization, check this box and stor			•			▶ □
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (column (f))		14	91.68 %
15	Public support percentage from 2020					15	94.28 %
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2020. If the						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets tl	ne facts-and-circur	nstances test, che	ck this box and st o	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Tl	ne organization qua	alifies as a publicly	supported organ	ization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s</u>

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	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
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.)						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assumed after lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504()(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				P
						Laci	0.4
	Public support percentage for 2021 (15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	%
	•					T .= 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

Yes No

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	9a		
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	9b		
	9с		
	10a		
	401-		
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Pa	rt IV Supporting Organizations (continued)			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Soc</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below.) -		
a b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
	The organization is the parent of each or its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	ne)	
с 2	Activities Test. Answer lines 2a and 2b below.	Structio	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
a	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		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	te 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2021

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3		
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	he organization is responsive	е			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistribution Pre-2021				(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
С	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i_	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
С	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part II, Line 10, Explanation for Other Income:
Misc Incom	ne
2017 Amour	t: \$ 586.

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Schedule B (Form 990) (2021)

Emp	owering Lives International	33-0610787				
Organization type (check or						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, 0	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special Rules						
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	d that received from any one				
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one				
	the year, total contributions of more than \$1,000 exclusively for religious, charitable, so					
•	anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e	ntering				
"N/A" in column (b)	instead of the contributor name and address), II, and III.					
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled movere the total contributions that were received during the year for an exclusively religious inplete any of the parts unless the General Rule applies to this organization because it respective, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>				
answer "No" on Part IV, line	tion: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must wer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Name of organization

Employer identification number

33-0610787

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)		(c)	(d)		
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution		
1		\$ ₋	498,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)		(c)	(d)		
No. 2	Name, address, and ZIP + 4	\$	Total contributions 101,285.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution		
3		\$_	62,703.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)		(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$	Total contributions 60,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution		
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution		
NO.	Name, address, and ZIP + 4	\$	Total Contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

33-0610787

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		l \$				

Schedule B (Form 990) (2021)

Name of organization

Page 4

Employer identification number

Name of o	rganization		Employer identification number
Empoweri	ng Lives International		33-0610787
Part III) through (e) and the following line entricharitable, etc., contributions of \$1,000 or Io	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yearly. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	_ :
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Name of the organization

Empowering Lives International

Employer identification number

33-0610787 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	= = = = = = = = = = = = = = = = = = = =	Lives Internation			011	33-0610			age 2
_	t III Organizations Maintaining C							nued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records,	cneck any of the	tollowing that	t make sigi	nificant use of it	S		
а	Public exhibition	d	Loan or evo	change progra	m				
b	Scholarly research	e e		mange progra					
C	Preservation for future generations	Č							
4	Provide a description of the organization's co	ollections and explain h	now they further t	the organizatio	n's exem	ot nurnose in Pa	art XIII		
5	During the year, did the organization solicit o	•	•	•					
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran							r	
	reported an amount on Form 990, Par		· ·			ŕ			
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?					[Yes		□No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	nt	
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	orm 990, Part X, line 2	I, for escrow or c	ustodial acco	unt liability	?∟	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.								
Par	T V Endowment Funds. Complete it								h a a l s
		(a) Current year	(b) Prior year	(c) Two year	s dack (d	Three years back	(e) FOU	r years	раск
	Beginning of year balance								
	Contributions						+		
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses						+		
g	End of year balance		(line						
2	Provide the estimated percentage of the curr	•		a)) neid as:					
a	Board designated or quasi-endowment ► Permanent endowment ►		%						
	· · · · · · · · · · · · · · · · · · ·	% %							
C	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse	•	on that are hold a	and administa	rad for tha	organization			
Sa		SSION OF THE Organizati	on that are nelu a	and administe	red for the	organization	,	Yes	No
	by: (i) Unrelated organizations						3a(i)		
h	(ii) Related organizations							\vdash	
4	Describe in Part XIII the intended uses of the			٠			00	<u> </u>	
Par	t VI Land, Buildings, and Equipm		mont fands.						
	Complete if the organization answered		Part IV, line 11a.	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or other		t or other		umulated	(d) Boo	k value	 e

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
	Leasehold improvements				
d	Equipment		25,212.	25,212.	0.
e	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	mn (B), line 10c.)	>	0.

Schedule D (Form 990) 2021

33-0610787

	f the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
	ty or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
) Financial derivatives	3			
	interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Form 990, Part X, col. (B) line 12.)			
	ents - Program Related.		44 - O - France 200 Book V. Book 40	
	iption of investment		11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or er	ad of year market value
	iption of investment	(b) Book value	(c) Method of Valuation. Cost of el	id-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(6)				
(7) (8)				
(9)				
<u> </u>	Form 990, Part X, col. (B) line 13.)			
art IX Other A				
Complete i			11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
` ,				
(3) (4)				
(3) (4) (5) (6)				
(3)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8) (9)				
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must	equal Form 990, Part X, col. (B) lin	ne 15.)		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must	abilities.		•	
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must	abilities. if the organization answered "Yes"		▶ 11e or 11f. See Form 990, Part X, line 2	1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other Li Complete i	abilities. If the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	5. (b) Book value
(3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must Complete in Comp	abilities. If the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other Li Complete i (1) Federal income (2)	abilities. If the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other Li Complete i (1) Federal income (2) (3)	abilities. If the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	1
(3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must art X Other Li Complete i (1) Federal income (2) (3) (4)	abilities. If the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other Li Complete i (1) Federal income (2) (3) (4) (5)	abilities. If the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	1
(3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must Complete i (1) Federal income (2) (3) (4) (5) (6)	abilities. If the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other Li Complete i (1) Federal income (2) (3) (4) (5) (6) (7)	abilities. If the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other Li Complete i (1) Federal income (2) (3) (4) (5) (6) (7) (8)	abilities. If the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must art X Other Li Complete i (1) Federal income (2) (3) (4) (5) (6) (7) (8) (9)	abilities. If the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line		

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Par	t XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		T T	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Par	T XII Reconciliation of Expenses per Audited Financial Sta	-	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	60 (5 0 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b	Other (Describe in Part XIII.)			
b c	Add lines 4a and 4b			
b c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 TAIL Supplemental Information.	3.)	5	ı
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	Ι,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 TAIL Supplemental Information.	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	Ι,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	Ι,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	Ι,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	I,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	I,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	1,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	Ι,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	1,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	1,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,
b c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18	l; Part IV, lines 1b and 2b;	5	l,

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number**

Emp	owering Lives Intern	national				33-0610787	
Pa			ctivities Out	tside the United States. Comple	ete if the organ		es" on
<u>. u</u>	Form 990, Part IV			tordo tiro ormida otatooroompi	ote ii tile organ	ization answered 1	C3 011
1			n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,	
				the selection criteria used to award the			Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is i	needed.)		
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
sub-	-Saharan Africa	0	0	Grants to Recipients	m	5	1,149,094.
					Travel and consultation the impleme	n to support	
Sub	-Saharan Africa	0	0	Program services	internation	al programs	581,709.
3 a	Subtotal	0	0				1,730,803.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				1,730,803.

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)
			Trainings, community development, school support, healthcare,					
			and orphanages	120,481.	Wire	0.		
			Trainings, community development, school					
			support, healthcare, and orphanages	1,003,928.	Wire	0.		
			Trainings, community					
			development, school					
			support, healthcare, and orphanages	24,685.	Wire	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
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.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other	

rait	▼ 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
	o.o. Owner (see methodicine for Forme coze and coze 7, don't me war Form coo)	103	110
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
	ocitain i oraign ociporatione (see metraetione for i orin o-i i orin	103	110
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
	and (See methodishe for Ferm See 1)	103	140
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
	a congret at thorough to the transfer of the congretation of the c	103	140
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)

Schedule F (Form 990) 2021

Yes X No

Part V | Supplemental Information

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

Part I, Line 2:
Excel spreadsheets are utilized that itemize and categorize all
programmatic expenses by agenda and/or program. All details inclusive of
salaries, maintenance, food, fuel, utilities, school fees per child,
cell-phone use, internet, school supplies, training materials, farm
inputs, staff development, general operations, and specific ministry work
are meticulously recorded. All expenses are affirmed and supplemented
with verified receipts. Trained accountants and bookkeepers on staff in
Kenya, Tanzania, and DR Congo compile the monthly spreadsheets and
generate monthly expense reports. Those reports are then reviewed by the
national executive teams to confirm the financial honesty of all
operations and programs before submission to the ELI Director of
International Implementation ahead of subsequent distribution(s) of
funds.
Budgets are compiled annually and funds are distributed/granted to ELI in
Africa monthly, upon review and approval of the prior month's report(s).
Documentation of all financial activities is paramount for Empowering
Lives International. Funds are sent to national offices for the work in
Africa. Local financial controllers and/or directors only release funds
to programs once all prior expenditures and reporting have been approved
and accepted by the relevant accounting department.
All international work and financial operations undergo a full
independent audit as required and/or regulated by the national
governments of Kenya Tanzania and DR Congo

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.
	(committee name), as applicable. Also complete this part to provide any additional information. Get instructions.
Part I,	line 3:
The orga	nization uses a standard accrual based double entry bookkeeping
	milation door a realizate decrear rarea dealer energy seeminorping
system a	nd produces financial records in accordance with generally
2,200 0.	na promotor remaneral records an accordance when generally
accepted	accounting principles.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Empowering Lives International

Employer identification number 33-0610787

Pa	rt I Types of Property	(a)	(b)	(c)			(d)	_	
		Check if applicable	Number of contributions or items contributed	Noncash contrib amounts reporte Form 990, Part VIII,	ed on	Method noncash cor	of determin		:S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	X	1	1	0,000.	Sales price			
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded		6	3	6,710.	FMV			
0	Securities - Closely held stock								
1	Securities - Partnership, LLC, or								
	trust interests								
2	Securities - Miscellaneous								
3	Qualified conservation contribution -								
	Historic structures								
4	Qualified conservation contribution - Other								
5	Real estate - Residential								
6	Real estate - Commercial								
7	Real estate - Other								
8	Collectibles								
9	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
:6	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organ	nization durin	a the tax vear for a	contributions					
	for which the organization completed Form 8		• .		29			0	
								Yes	<u> </u>
l0a	During the year, did the organization receive	by contribution	on any property rei	oorted in Part I lines	: 1 throu	gh 28 that it		100	Ė
·u	must hold for at least three years from the da								
	exempt purposes for the entire holding period			willon isir t required			30a		,
h	If "Yes," describe the arrangement in Part II.	٠							
1	Does the organization have a gift acceptance	nolicy that r	equires the review	of any nonstandard	contribu	ıtions?	31	Х	
	Does the organization hire or use third parties		•	•					\vdash
,zd			•				32a		١,
h	***************************************						32d		É
	If "Yes," describe in Part II.	ooluma (a) fa	r a tuna of area =:-	v for which calvers	(a) ic aba	akad			
3	If the organization didn't report an amount in	column (c) fo	r a type of propert	y for writen column ((a) is che	ескеа,			
	describe in Part II.								L

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Empowering Lives International

Employer identification number 33 - 0610787

Form 990, Part III, Line 4a, Program Service Accomplishments:
family, then a neighborhood, community, and village! Additionally, ELI
operates two orphanages which serve as homes for over 330 orphans, as
well as a school that offers a primary education to over 200 children
from the orphanage and local community. Empowering orphans (the
ultimate victims of poverty) and other vulnerable children to become
World Changers is critical to ensure that the future generation is
empowered to make Godly and life-giving decisions that positively
influence communities.
South Sudan
For the people of southern Sudan, war has been a way of life for over
20 years. With the establishment of the new country of South Sudan, ELI
provides life-changing skills through extension training to help
empower this new nation. ELI also helped establish a Christian school
in 2005 which is 20 miles from Bor, near the upper Nile River. The
elementary school is now managed by the local leadership and community
and averages around 200 children from kindergarten through 8th grade.
All programs for South Sudan are now financed through programs in Kenya
as South Sudanese community leaders are trained, equipped, empowered,
and commissioned through ELI's International Extension Program based
out of Kenya.
Form 990, Part III, Line 4d, Other Program Services:

Schedule O (Form 990) 2021 Page **2**

Name of the organization Empowering Lives International	Employer identification number 33-0610787
For the majority of people in Tanzania the daily struggle for water	·
impacts every other area of life. Where there is water, it is often	
contaminated with bacteria and parasites which lead to debilitating	
sicknesses and drains people's energy and life. ELI is addressing this	
major problem by drilling and establishing fresh water wells in	
communities and schools around the Lake Region. With a training base in	
Ramadi, ELI staff build relationships with suffering communities and	
work with the Mighty Men Drilling team to research and provide the best	
locations for a clean and safe water source. The ELI Extension Training	
Program complements the water drilling program with short workshops in	
business, agriculture, and spiritual growth to help suffering families	
gain access to poverty-breaking knowledge and better utilize the clean	
water source for holistic transformation.	
Expenses \$ 24,685. including grants of \$ 24,685. Revenue \$ 0.	
Form 990, Part VI, Section A, line 8b:	
The organization has no committees with authority to act on behalf of the	
governing body. Therefore, this line was answered no in accordance with	
the instructions.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 was prepared by an independent CPA firm and reviewed in detail	
by the Board Chair and the Chief Visionary Officer/Founder. The full 990	
was then distributed to the governing board prior to being filed with the	
IRS.	
Form 990, Part VI, Section B, Line 12c:	
Staff, directors, officers, and board members are required to sign conflict	Sahadida O /Farm 000) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization	Employer identification number
Empowering Lives International	33-0610787
of interest disclosure forms annually. The disclosures are reviewed by the	
Board Chair. Independent members of the board review the Board Chair's	
statement. Compliance is monitored by management. Should any potential	
conflicts of interest be disclosed, the board member or officer would be	
asked to refrain from participation in any deliberation or decision with	
regard to matters affected by the relationship.	
Form 990, Part VI, Section B, Line 15:	
The process for determining compensation of the organization's top	
management official and other officers included the following:	
Independent members of the governing board research support levels through	
benchmarking as well as research with local church and university pay	
levels. Education level and experience are then also taken into account.	
The finance department finalizes support levels, which includes salary,	
benefits, and TSA contributions. Approval of salaries are documented in	
the board minutes annually.	
Form 990, Part VI, Section C, Line 19:	
The organization's governing documents, conflict of interest policy, and	
financial statements are available upon request.	
Form 990, Part VII, column D:	
Compensation reported in Part VII, column D is the amount reported on	
the individual's W-2, box 1 or 5 (whichever amount is greater) per the	
IRS instructions. In the case of minister's compensation when box 5 of	
the W-2 is not applicable, box 1 compensation is used. Employee	
deferrals to qualified retirement plans are normally captured in box 5,	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

	e Form 7004 to request an extension of time to file in		•	stiips, neiviio	s, and trusts		
Type or print	Empowering Lives International				Taxpayer identification number (TIN) 33-0610787		
-							
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. b	oox, see instruc	tions.	•			
instruction	Upland, CA 91785	-					
Enter the	e Return Code for the return that this application is f	or (file a separa	ate application for each return)			0 1	
Application F		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
Form 99	0-T (corporation)	07					
If the	hone No. 909-931-1311 organization does not have an office or place of bus is for a Group Return, enter the organization's four I if it is for part of the group, check this box	digit Group Exe	emption Number (GEN)	. If this is fo	r the whole gi	roup, check this	
the	equest an automatic 6-month extension of time until e organization named above. The extension is for the calendar year or xxxxxxxxxxxxxxxxxxxxxxxx	e organization's		, to file the exempt organization return for .			
	the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period						
	his application is for Forms 990-PF, 990-T, 4720, or	6069, enter the	e tentative tax, less		•	0	
	y nonrefundable credits. See instructions.	6060 onto: on	v rofundable aradite and	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or			26	\$	0.	
	timated tax payments made. Include any prior year lance due. Subtract line 3b from line 3a. Include yo			3b	Ψ	<u> </u>	
	ing EFTPS (Electronic Federal Tax Payment System	. ,	, , ,	3с	\$	0.	
Caution	If you are going to make an electronic funds withdo	rawal (direct de	bit) with this Form 8868, see Forr	n 8453-TE an	d Form 8879	TE for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions.