

**Return of Organization Exempt From Income Tax****Form 990**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2009**Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_ and ending \_\_\_\_\_

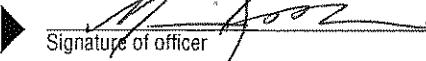
<b>B Check if applicable:</b>	<b>Please use IRS label or print or type:</b>	<b>C Name of organization</b>	<b>D Employer identification number</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	See Specific Instructions.	GLOBALGIVING FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 1023 15TH STREET, N.W. City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005	30-0108263
			<b>E Telephone number</b> 202-232-5784
			<b>G Gross receipts \$</b> 10,175,496.
			<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
			<b>H(c) Group exemption number</b> ►
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ► WWW.GLOBALGIVING.ORG	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation:</b> 2002 <b>M State of legal domicile:</b> DE	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) .....	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4	4
	5 Total number of employees (Part V, line 2a) .....	5	0
	6 Total number of volunteers (estimate if necessary) .....	6	30
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 .....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34 .....	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) .....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) .....	9,636,268.	9,731,539.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	345,525.	426,294.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	442,129.	14,585.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	10,423,922.	10,175,496.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	5,758,779.	6,289,220.
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	477,026.	2,392,503.	
16a Professional fundraising fees (Part IX, column (A), line 11e) .....	520,754.		
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,097,948.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	702,070.	2,024,660.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	7,458,629.	10,706,383.	
19 Revenue less expenses. Subtract line 18 from line 12 .....	2,965,293.	-530,887.	
<b>Expenses</b>	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16) .....	5,423,086.	5,221,526.
	21 Total liabilities (Part X, line 26) .....	404,105.	681,746.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	5,018,981.	4,539,780.

**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.

**Sign Here**► 1 8/11/2010  
Date

► MARI KURAISHI, PRESIDENT

Type or print name and title

**Paid  
Preparer's  
Use Only**Preparer's  
signature

Date

8/3/10

Check if  
self-  
employed► Preparer's identifying number  
(see instructions)Firm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4GELMAN, ROSENBERG & FREEDMAN  
► 4550 MONTGOMERY AVE., SUITE 650 NORTH  
BETHESDA, MARYLAND 20814-2930

EIN ►

Phone no. ► (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

### **Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission:  
**GLOBALGIVING SUPPORTS SUSTAINABLE ECONOMIC AND SOCIAL DEVELOPMENT GLOBALLY. TO DO SO IT OPERATES AN OPEN MARKETPLACE OF VETTED PROJECTS THAT BENEFIT COMMUNITIES IN DIFFERENT SECTORS THROUGHOUT THE WORLD, AND MAKES THESE PROJECTS AVAILABLE TO DONORS VIA THE WEB.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 9,024,734. including grants of \$ 6,289,220.) (Revenue \$ 426,294.)  
DIRECT GRANTS DISBURSED TO OVER 1000 PROJECTS IN 90 COUNTRIES TO SUPPORT, AMONG OTHER THINGS, POVERTY ALLEVIATION, HEALTH, EDUCATION, COMMUNITY DEVELOPMENT, ENVIRONMENTAL PROTECTION, AND PROMOTION OF SUSTAINABLE ENERGY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d Other program services. (Describe in Schedule O.)**

4e Total program service expenses ► \$ 9,024,734.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	3 X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....	4 X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III .....	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....	8 X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....	9 X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V .....	10 X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....	11 X	
<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part XI.</li> </ul>			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional .....	12A X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I .....	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II .....	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III .....	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I .....	17 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....	18 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....	19 X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H .....	20 X	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable .....	1a	23	
1b	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	<input checked="" type="checkbox"/>	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2a	0	
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 e-file this return. (see instructions) .....	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	3a	<input checked="" type="checkbox"/>	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	<input checked="" type="checkbox"/>	
b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	<input checked="" type="checkbox"/>	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	<input checked="" type="checkbox"/>	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....	5c		
6a 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? .....	6a	<input checked="" type="checkbox"/>	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7a	<input checked="" type="checkbox"/>	
a 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? .....	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	<input checked="" type="checkbox"/>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	<input checked="" type="checkbox"/>	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	<input checked="" type="checkbox"/>	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....	7h		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....	8		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9a		
a Did the organization make any taxable distributions under section 4966? .....	9b		
b Did the organization make a distribution to a donor, donor advisor, or related person? .....			
<b>10 Section 501(c)(7) organizations.</b> Enter:	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 .....	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....			
<b>11 Section 501(c)(12) organizations.</b> Enter:	11a		
a Gross income from members or shareholders .....	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	12b		

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**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 in Schedule O. See instructions.

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body .....	1a 5	
b	Enter the number of voting members that are independent .....	1b 4	
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 <b>X</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....	3 <b>X</b>	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	4 <b>X</b>	
5	Did the organization become aware during the year of a material diversion of the organization's assets? .....	5 <b>X</b>	
6	Does the organization have members or stockholders? .....	6 <b>X</b>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	7a <b>X</b>	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	7b <b>X</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....	8a <b>X</b>	
b	Each committee with authority to act on behalf of the governing body? .....	8b <b>X</b>	
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 in Schedule O	9 <b>X</b>	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	Does the organization have local chapters, branches, or affiliates? .....	10a <b>X</b>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	10b <b>X</b>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	11 <b>X</b>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a <b>X</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b <b>X</b>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	12c <b>X</b>
13	Does the organization have a written whistleblower policy? .....	13 <b>X</b>
14	Does the organization have a written document retention and destruction policy? .....	14 <b>X</b>
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?	
a	The organization's CEO, Executive Director, or top management official .....	15a <b>X</b>
b	Other officers or key employees of the organization .....	15b <b>X</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a <b>X</b>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b <b>X</b>

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- Own website    Another's website    Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **EULA DYSON, CONTROLLER – 202-232-5794**  
**1023 15TH ST NW SUITE 1200, WASHINGTON, DC 20005**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

Check this box if the organization did not compensate any current officer, director, or trustee.

Name and Title	Average	Position	Report
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

**1b Total** ► 987,410. 8,013. 58,545.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
INTELLIGENT MARKETING SOLUTIONS 40 PARTRIDGE LN, CONCORD , MA 01742	PLAN, EXECUTE & MANAGE MKTG CAMP.	207,500.
MARCELO BARTH, 301-13251 PRINCESS ST, RICHMOND, BRITISH COLUMBIA, CANADA V7	DESIGN, DEV. & IMPLEM. WEB SOLUTION	135,863.
ADRIEN LAMOUREUX, 149 MILROSS AVE , VANCOUVER, BRITISH COLUMBIA, CANADA V6A0A2	DESIGN, DEV. & IMPLEM. WEB SOLUTION	134,625.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

\$100,000 in compensation from the organization

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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 .....	1f	9731539.		
	g Noncash contributions included in lines 1a-1f: \$		15,745.		
	h Total. Add lines 1a-1f .....		9731539.		
Program Service Revenue	2 a CONSULTING SERVICES	Business Code 541900	426,294.	426,294.	
	b				
	c				
	d				
	e				
	f All other program service revenue .....				
	g Total. Add lines 2a-2f .....		426,294.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....		14,585.		14,585.
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6 a Gross Rents .....	(i) Real ..... (ii) Personal .....			
	b Less: rental expenses .....				
	c Rental income or (loss) .....				
	d Net rental income or (loss) .....	►			
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities ..... (ii) Other .....			
	b Less: cost or other basis and sales expenses .....				
	c Gain or (loss) .....				
	d Net gain or (loss) .....	►			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a ..... b .....			
	c Net income or (loss) from fundraising events .....	►			
	9 a Gross income from gaming activities. See Part IV, line 19 .....	a ..... b .....			
	c Net income or (loss) from gaming activities .....	►			
	10 a Gross sales of inventory, less returns and allowances .....	a ..... b .....			
	b Less: cost of goods sold .....				
	c Net income or (loss) from sales of inventory .....	►			
	Miscellaneous Revenue	Business Code			
	11 a OTHER REVENUE	900099	3,078.		3,078.
	b				
	c				
	d All other revenue .....				
	e Total. Add lines 11a-11d .....	►	3,078.		
	12 Total revenue. See instructions .....	►	10,175,496.	426,294.	0. 17,663.

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	3,294,829.	3,294,829.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	27,524.	27,524.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	2,966,867.	2,966,867.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	506,706.	188,544.	128,260.	189,902.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,624,634.	1,069,969.	196,695.	357,970.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	37,828.	25,336.	5,674.	6,818.
9 Other employee benefits .....	62,418.	40,502.	7,613.	14,303.
10 Payroll taxes .....	160,917.	95,463.	24,138.	41,316.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	161,201.	113,698.		47,503.
c Accounting .....	149,523.	95,133.	16,582.	37,808.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	823,171.	523,738.	91,291.	208,142.
12 Advertising and promotion .....	184,879.	109,679.	27,732.	47,468.
13 Office expenses .....	77,411.	45,924.	11,612.	19,875.
14 Information technology .....	129,439.	76,789.	19,416.	33,234.
15 Royalties .....				
16 Occupancy .....	110,898.	65,790.	16,635.	28,473.
17 Travel .....	115,645.	68,606.	17,347.	29,692.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	28,120.	16,682.	4,218.	7,220.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	30,861.	18,308.	4,629.	7,924.
23 Insurance .....	3,942.	2,339.	591.	1,012.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a COMMISSIONS .....	134,454.	134,454.		
b MISCELLANEOUS .....	23,274.	13,805.	3,491.	5,978.
c GLOBALGIVING UK STARTUP .....	18,852.	11,184.	2,828.	4,840.
d RECRUITMENT .....	18,319.	10,868.	2,748.	4,703.
e DUES & SUBSCRIPTIONS .....	11,695.	6,938.	1,754.	3,003.
f All other expenses .....	2,976.	1,765.	447.	764.
25 Total functional expenses. Add lines 1 through 24f	10,706,383.	9,024,734.	583,701.	1,097,948.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	19,140.	1	3,711,974.
	2 Savings and temporary cash investments .....	2,542,560.	2	373,125.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	2,358,794.	4	599,511.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	50,521.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	3,600.	9	28,502.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 193,992.		
	b Less: accumulated depreciation .....	10b 40,419.	10c 103,294.	153,573.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....	370,650.	13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	25,048.	15	304,320.
	16 Total assets. Add lines 1 through 15 (must equal line 34) .....	5,423,086.	16	5,221,526.
Liabilities	17 Accounts payable and accrued expenses .....	333,150.	17	221,895.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	70,955.	25	459,851.
	26 Total liabilities. Add lines 17 through 25 .....	404,105.	26	681,746.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	3,208,696.	27	1,288,639.
	28 Temporarily restricted net assets .....	1,810,285.	28	3,251,141.
	29 Permanently restricted net assets .....		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	5,018,981.	33	4,539,780.
	34 Total liabilities and net assets/fund balances .....	5,423,086.	34	5,221,526.

Form 990 (2009)

**Part XI | Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....	3b	

Form 990 (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**GLOBALGIVING FOUNDATION, INC.**

Employer identification number  
**30-0108263**

**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 11, 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.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  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.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
				Yes	No		
<b>Total</b>							

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,457,328.	3,336,767.	7,418,503.	9,636,268.	9,731,539.	34,580,405.
2 Tax revenues levied for the organization'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 .....	4,457,328.	3,336,767.	7,418,503.	9,636,268.	9,731,539.	34,580,405.
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) .....						9,274,617.
6 Public support. Subtract line 5 from line 4. ....						25,305,788.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 .....	4,457,328.	3,336,767.	7,418,503.	9,636,268.	9,731,539.	34,580,405.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	203,817.	393,480.	560,813.	442,129.	14,585.	1,614,824.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) .....			3,271.		9,416.	12,687.
11 Total support. Add lines 7 through 10						36,207,916.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,256,660.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	69.89	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	59.34	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>	

**Part III | Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization'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 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 <b>Public support</b> (Subtract line 7c from line 6) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.) .....						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		

Schedule A (Form 990 or 990-EZ) 2009

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

GLOBALGIVING FOUNDATION, INC.

Employer identification number

30-0108263

Organization type (check one):

Filers of:                  Section:

Form 990 or 990-EZ

 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

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

GLOBALGIVING FOUNDATION, INC.

Employer identification number

30-0108263

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 325,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 340,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 975,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 687,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

GLOBALGIVING FOUNDATION, INC.

Employer identification number

30-0108263

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 624,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 510,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

GLOBALGIVING FOUNDATION, INC.

Employer identification number

30-0108263

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/>	Yes
6 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? .....	<input type="checkbox"/>	Yes

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements .....	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements .....	2a
c Number of conservation easements on a certified historic structure included in (a) .....	2b
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► .....	2d
4 Number of states where property subject to conservation easement is located ► .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ .....	
8 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)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, 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.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1 .....	► \$ .....
b Assets included in Form 990, Part X .....	► \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

- (i) unrelated organizations .....
- (ii) related organizations .....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....		26,543.	868.	25,675.
d Equipment .....				
e Other .....	167,449.	39,551.	127,898.	153,573.

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

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX** Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

304, 320.

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

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

459,851.

**2. FIN 48 Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,175,496.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	10,706,383.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	-530,887.
4 Net unrealized gains (losses) on investments	4	-82,768.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	134,454.
9 Total adjustments (net). Add lines 4 through 8	9	51,686.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-479,201.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	10,229,531.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	-82,767.
b Donated services and use of facilities	2b	136,802.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	54,035.
3 Subtract line 2e from line 1	3	10,175,496.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,175,496.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	10,843,185.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	136,802.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	136,802.
3 Subtract line 2e from line 1	3	10,706,383.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,706,383.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: FOR THE YEAR ENDED DECEMBER 31, 2009, THE FOUNDATION**

AND THE CORPORATION HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10

AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

COMMISSIONS EXPENSE ELIMINATED AS PART OF CONSOLIDATED AUDIT

**Schedule F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2009**Open to Public  
Inspection

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

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

**GLOBALGIVING FOUNDATION, INC.****30-0108263**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS		1,036,227.
SOUTH AMERICA	0	0	GRANTS		823,549.
SOUTH ASIA	0	0	GRANTS		482,189.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS		299,940.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		250,401.
NORTH AMERICA	0	0	GRANTS		54,798.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS		18,519.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS		770.
<b>Totals</b>	<b>► 0</b>	<b>0</b>			<b>2,966,867.</b>

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

Schedule F (Form 990) 2009

932071  
02-01-10

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.**

Recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  
 Use Schedule F-1 (Form 990) if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	751038	WIRE	0.		N/A
		SOUTH AMERICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	547743	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	114133	WIRE	0.		N/A
		SOUTH ASIA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	104436	WIRE	0.		N/A
		EUROPE ( INCLUDING ICELAND & GREENLAND )	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	94,525	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	93,397	WIRE	0.		N/A
		SOUTH ASIA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	89,854	WIRE	0.		N/A
		SOUTH ASIA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	86,352	WIRE	0.		N/A

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  
 ..... **49**
- 3** Enter total number of other organizations or entities  
 ..... **5**

### **Part III Grants and Other Assistance to Individuals Outside the United States. Complete**

Use Schedule F-1 (Form 990) if additional space is needed.

Schedule F (Form 990) 2009

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: GLOBALGIVING IS A GRANTOR TO HUNDREDS OF FOREIGN-BASED NON-PROFITS AROUND THE WORLD. WE PERFORM 501(C)(3) EQUIVALENCY DETERMINATION PRIOR TO DISBURSEMENT (THROUGH DUE DILIGENCE REVIEW). WE MONITOR THE USE OF FUNDS THROUGH PUBLIC QUARTERLY SELF-REPORTS FROM RECIPIENT ORGANIZATIONS, OCCASIONAL THIRD-PARTY VISITS AND REPORTS, AND LIMITED CONTRACTOR AUDITING BY PROFESSIONALS. THE SCOPE OF FUNDS IS RESTRICTED TO THE PURPOSES OUTLINED BY EACH RECIPIENT ORGANIZATION ON A CORRESPONDING PROJECT PAGE FOUND ON THE FOUNDATION'S WEBSITE, WWW.GLOBALGIVING.ORG.

**SCHEDULE F-1**

(Form 990)

**Department of the Treasury  
Internal Revenue Service**

## **Continuation Sheet for Schedule F (Form 990)**

OMB No. 1545-0047

2009

Open to Public  
Inspection

- Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
- See instructions for Schedule F (Form 990).

► See instructions for Schedule F (Form 990).

**Name of the organization**

**Employer identification number**

GLOBALGIVING FOUNDATION, INC.

30-0108263

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part 1, line 3)

### Totals

474

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

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)		Schedule F (Form 990), Part II, line 1)							
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	EUROPE ( INCLUDING ICELAND & GREENLAND )	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	76,243.	WIRE	0.				N/A
	EAST ASIA AND THE PACIFIC	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	74,059.	WIRE	0.				N/A
	EAST ASIA AND THE PACIFIC	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	71,256.	WIRE	0.				N/A
	EUROPE ( INCLUDING ICELAND & GREENLAND )	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	55,587.	WIRE	0.				N/A
	SUB-SAHARAN AFRICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	38,453.	WIRE	0.				N/A
	SOUTH ASIA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	36,303.	WIRE	0.				N/A
	NORTH AMERICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	33,494.	WIRE	0.				N/A
	SUB-SAHARAN AFRICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	23,614.	WIRE	0.				N/A

## GLOBALGIVING FOUNDATION, INC.

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)		Schedule F (Form 990), Part II, line 1)							
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	21,271.	WIRE	0.		N/A
	SOUTH ASIA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	21,271.	WIRE	0.		N/A
	SUB-SAHARAN AFRICA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	20,000.	WIRE	0.		N/A
	SOUTH AMERICA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	18,000.	WIRE	0.		N/A
	SOUTH ASIA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	14,993.	WIRE	0.		N/A
	EUROPE ( INCLUDING ICELAND & GREENLAND )			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	14,269.	WIRE	0.		N/A
	SUB-SAHARAN AFRICA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	13,853.	WIRE	0.		N/A
	EUROPE ( INCLUDING ICELAND & GREENLAND )			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	13,823.	WIRE	0.		N/A
	SOUTH ASIA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	13,735.	WIRE	0.		N/A
				TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	13,727.	WIRE	0.		N/A

Schedule F-1 (Form 990) 2009

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	12,780	WIRE	0.		N/A
		EAST ASIA AND THE PACIFIC	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	12,593	WIRE	0.		N/A
	EUROPE ( INCLUDING ICELAND & GREENLAND )	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE		11,962	WIRE	0.		N/A
	SUB-SAHARAN AFRICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE		10,629	WIRE	0.		N/A
	SOUTH AMERICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE		10,500	WIRE	0.		N/A
	SOUTH ASIA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE		10,000	WIRE	0.		N/A
	SOUTH ASIA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE		9,869	WIRE	0.		N/A
	SUB-SAHARAN AFRICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE		9,654	WIRE	0.		N/A
	CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE		9,437	WIRE	0.		N/A

Schedule F-1 (Form 990) 2009

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN AFRICA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	9,169. WIRE		0.		N/A
	SUB-SAHARAN AFRICA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	9,056. WIRE		0.		N/A
	EUROPE ( INCLUDING ICELAND & GREENLAND )			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	8,690. WIRE		0.		N/A
	SUB-SAHARAN AFRICA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	8,428. WIRE		0.		N/A
	SUB-SAHARAN AFRICA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	7,893. WIRE		0.		N/A
	SUB-SAHARAN AFRICA			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	7,618. WIRE		0.		N/A
	EUROPE ( INCLUDING ICELAND & GREENLAND )			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	7,100. WIRE		0.		N/A
	EAST ASIA AND THE PACIFIC			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	7,043. WIRE		0.		N/A
							0.		N/A

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)		Schedule F (Form 990), Part II, line 1)							
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	SOUTH AMERICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	6,837	WIRE	0.				N/A
	SOUTH ASIA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	6,465	WIRE	0.				N/A
	EAST ASIA AND THE PACIFIC	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	6,412	WIRE	0.				N/A
	SUB-SAHARAN AFRICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	6,140	WIRE	0.				N/A
	SOUTH ASIA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	6,069	WIRE	0.				N/A
	SUB-SAHARAN AFRICA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	5,853	WIRE	0.				N/A
	SOUTH ASIA	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	5,797	WIRE	0.				N/A
	EUROPE ( INCLUDING ICELAND & GREENLAND )	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	5,783	WIRE	0.				N/A
	EAST ASIA AND THE PACIFIC	TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE	5,750	WIRE	0.				N/A

**GLOBALGIVING FOUNDATION, INC.**

**SCHEDULE I**  
(Form 990)

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

Name of the organization

GLOBALGIVING FOUNDATION, INC.

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States		Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►					Employer identification number	
(a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICA AGAINST AIDS 20511 68TH AVE LYNNWOOD, WA 98036	770609246	501C3		295,200	0			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CRS INDIA 228 W. LEXINGTON ST. BALTIMORE, MD 21201	135563422	501C3		228,135	0			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CREATING HOPE INTERNATIONAL (CHI) CREATING HOPE INTERNATIONAL PO BOX DEARBORN, MI 48121	383288402	501C3		162,454	0			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
TAIWAN BUDDHIST TZU CHI FOUNDATION 1100 S. VALLEY CENTER AVE SAN DIMAS, CA 91773	942952782	501C3		87,114	0			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
NEPALESE YOUTH OPPORTUNITY FOUND (NYOF) - 3030 BRIDGEWAY, SUITE 123 - SAUSALITO, CA 94965								TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HAGAR USA, WHICH SUPPORTS WORK AT HAGAR C - C/O TOWN BANK P.O. BOX 180620 - DELAFIELD, WI 53018	680224536	501C3		1112,730	0			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
2 Enter total number of section 501(c)(3) and government organizations	201507669	501C3		76,078	0			1 27.
3 Enter total number of other organizations								► 4.

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

Schedule I (Form 990) 2009

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDING A CLASSROOM FOR NAMIBIAN SCHOOL CHILDREN	1	27,524.	0.		

**Part IV** **Supplemental Information** Complete this part to provide the information required in Part I line 2 and any other additional information

SCHEDULE I. PART I. WRITTEN REPORT SIGNED BY AN APPROPRIATE

THEORY AND PRACTICE IN THE FIELD OF CULTURAL HERITAGE

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INFORMATION RELATED TO EXPENDITURES UNDER THE GRANT (INCLUDING SALARIES

TRAVEL, AND SUPPLIES). THE RECIPIENT ORGANIZATION'S WRITTEN REPORT.

INCLUDING THE FINAL WRITTEN REPORT, MUST CONTAIN TWO PARTS: A NARRATIVE

## ACCOUNT AND A FINANCIAL ACCOUNT.

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for  
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OMB No. 1545-0047  
**2009**  
 Open to Public  
 Inspection

Name of the organization

**GLOBALGIVING FOUNDATION, INC.**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							Employer identification number
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALI HEALTH ORGANIZING PROJECT (MHOP) - PO BOX 20 5413 US ROUTE 5 - WESTMINSTER STATION, VT 5159	205917332	501C3	58,494.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
ORPHANS OF RWANDA 16 HIGHLAND ST. CAMBRIDGE, MA 02138	200934525	501C3	53,550.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CARE 151 ELLIS STREET NE ATLANTA, GA 30303	131685039	501C3	45,049.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
LYNN SAGE FOUNDATION 141 W. JACKSON BLVD. SUITE 300 CHICAGO, IL 60604	300176955	501C3	43,287.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
FRIENDS OF BURKINA FASO (FBF) P.O. BOX 395 CHESTER, CA 96020	522070442	501C3	43,072.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
STSAD, INC - NYAKA AIDS ORPHANS SCHOOL - P O BOX 339 - EAST LANSING, MI 48826	352153719	501C3	42,588.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
ALTAY MIR UNIVERSITY 12345 LAKE CITY WAY NE #121 SEATTLE, WA 98125	870790986	501C3	41,600.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
UNICO FAIRFIELD COMMONS, 271 US HIGHWAY 46 WEST SUITE A-108 - FAIRFIELD, NJ 7004	746052440	501C3	38,550.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
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THE KASITISI PROJECT 64 LINNAEAN ST. CAMBRIDGE, MA 02138	542195079	501C3	37,710.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
INTERNATIONAL DEVELOPMENT EXCHANGE INDEX 827 VALENCIA STREET, SUITE 101 SAN FRANCISCO, CA 94110	770071852	501C3	37,194	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
WOMEN'S EMPLOYMENT NETWORK 920 MAIN, SUITE 100 KANSAS CITY, MO 64105	431508734	501C3	36,711.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
LOTUS OUTREACH PO BOX 620222 SAN DIEGO, CA 92162	8000013989	501C3	35,232.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HESHIMA KENYA P.O. BOX 408077 CHICAGO, IL 60640	260239864	501C3	34,075.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HALF THE SKY FOUNDATION 740 GILMAN STREET BERKELEY, CA 94710	954714047	501C3	33,820.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
WOMENS TRUST PO BOX 15 WILMOT, NH 03287	562426698	501C3	31,508.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CHF INTERNATIONAL 8601 GEORGIA AVE, SUITE 800 SILVER SPRING, MD 20910	520846183	501C3	30,996.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
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 Department of the Treasury  
 Internal Revenue Service

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NORTHWESTERN UNIVERSITY - CGE CENTER FOR GLOBAL ENGAGEMENT EVANSTON, IL 60208	362167817	501C3	30,298.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
WOMEN'S MICRO FINANCE INITIATIVE 8609 FENWAY DRIVE BETHESDA, MD 20817	261384627	501C3	29,845.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
BRAC USA 11 EAST 44TH ST. SUITE 1600 NEW YORK, NY 10017	208456741	501C3	26,924.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
AMERICANS FOR OXFORD 500 5TH AVE NEW YORK, NY 10110	521495060	501C3	25,000.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
WOMEN FOR WOMEN INTERNATIONAL 4455 CONNECTICUT AVENUE SUITE 200 WASHINGTON, DC 20008	521838756	501C3	24,491.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
UNITED STATES COMMITTEE FOR FAO P.O. BOX 33145 WASHINGTON, DC 20033	311552989	501C3	24,337.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
LAMBİ FUND OF HATTİ PO BOX 18955 WASHINGTON, DC 20036	521843357	501C3	22,786.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
THE MIRACLE FOUNDATION 1506 WEST 6TH STREET AUSTIN, TX 78703	742989580	501C3	22,670.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

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UNITED STATES EQUINE RESCUE LEAGUE, INC - P.O. BOX 317 - PENDLETON, IN 46064	562069469	501C3	20,796.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CROSS CULTURAL SOLUTIONS 2 CLINTON PLACE NEW ROCHELLE, NY 10801	931189960	501C3	19,553.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
RELIEF INTERNATIONAL 5455 WILSHIRE BLVD. SUITE 1280 LOS ANGELES, CA 90036	954300662	501C3	16,617.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CRITICAL EXPOSURE 1816 12TH ST NW 3RD FLOOR WASHINGTON, DC 20009	262829875	501C3	19,454.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HUNGER PROJECT 5 UNION SQUARE WEST NEW YORK, NY 10003	942443282	501C3	19,249.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
AGROS INTERNATIONAL 2225 4TH AVENUE SUITE 200 SEATTLE, WA 98121	911276578	501C3	18,376.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
THE REBUILDING ALLIANCE 235 ALMA STREET PALO ALTO, CA 94301	562392452	501C3	17,645.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
LITTLE KIDS ROCK, INC 116 GREENWOOD AVENUE MONTCLAIR, NJ 07042	943396568	501C3	17,624.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
 8332241 02-01-10

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

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ANGELS IN WAITING P.O BOX 1221 BLUE JAY, CA 92317	753039531	501C3	17,328.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
UBUNTO EDUCATION FUND 32 BROADWAY, SUITE 414 NEW YORK, NY 10004	311705917	501C3	8,579.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
WORLD FOOD PROGRAMME 1819 L ST. NW SUITE 900 WASHINGTON, DC 20036	383413993	501C3	17,030.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
NEW SUDAN EDUCATION INITIATIVE (NESEI) - 123 ETHAN ALLEN AVE. SUITE 300 - COLCHESTER, VT 05446	562538874	501C3	17,016.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
THE AMERICAN DOMESTIC VIOLENCE CRISIS LIN - 3300 NW 185TH, # 133 - PORTLAND, OR 97229	931281870	501C3	16,428.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
EDGE PROJECT - EMPOWERMENT DEVELOPMENT GEND - 515 UNIVERSITY AVE - MADISON, WI 53703	N/A		16,148.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
LONG WAY HOME, INC PO BOX 815186 DALLAS, TX 75381	54142174	501C3	15,936.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CONSERVATION THROUGH POVERTY ALLEVIGATION - 221 LINCOLN ROAD - LINCOLN, MA 1773	870713649	501C3	15,547.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**GLOBAL GIVING FOUNDATION, INC.**

Continuation Sheet for Schedule I (Form 990)  
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JERICHO PROJECT 245 W. 29TH STREET SUITE 902 NEW YORK, NY 10001	133213525	501C3	15,368.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
WOMEN'S HEALTH SPECIALISTS 1901 VICTOR AVENUE REDDING, CA 96002	942259357	501C3	15,269.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CAROLINA FOR KIBERA, INC FEDEX GLOBAL EDUCATION CENTER UNC-CHAPEL HILL CAMPUS BOX 5145 CHAPEL HILL,	5622448495	501C3	15,020.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
TRANSITIONS GLOBAL 7723 TYLERS PLACE BLVD #330 WEST CHESTER, OH 45069	830491008	501C3	14,908.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
INTERNATIONAL MEDICAL CORPS (IMC) 1919 SANTA MONICA BOULEVARD #400 SANTA MONICA, CA 90404	953949646	501C3	14,128.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
TAKE 2 - AN INNOVATIVE PROGRAM FOR SOCIAL - 3925 MORRISON STREET NW - WASHINGTON, DC 20015	200829920	501C3	13,930.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
INTERNATIONAL RELIEF FRIENDSHIP FOUNDATIO - 30 SEMINARY DRIVE SUITE 228 - BARRYTOWN, NY 12507	510200715	501C3	13,181.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	530196605	501C3	13,118.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

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Schedule I-1 (Form 990) 2009

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SILICON VALLEY FACES	777 N FIRST ST #220 SAN JOSE, CA 95112	251920931	501C3	6,640.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
NOBILITY PROJECT	2600 N. CUERNAVACA AUSTIN, TX 78733	203795033	501C3	12,594.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HIGH ATLAS FOUNDATION	PARK WEST STATION, PO BOX 21081 NEW YORK, NY 10025	850478294	501C3	12,491.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
SPARK	2130 FILMORE STREET #243 SAN FRANCISCO, CA 94115	752388263	501C3	12,328.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
THE RIVER FUND	11155 ROSELAND ROAD, UNIT 16 SEBASTIAN, FL 32958	593212877	501C3	12,083.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
US ASSOC FOR INTERNATIONAL MIGRATION - 1752 N STREET, NW SUITE 700 - WASHINGTON, DC 20036		521525929	501C3	12,078.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
THE SMILE TRAIN	41 MADISON AVENUE 28TH FLOOR NEW YORK, NY 10010	133661416	501C3	11,710.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
SANMA	5840 W I-20, SUITE 140 ARLINGTOM, TX 76017	752737612	501C3	11,692.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

Open to Public Inspection

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GLOBAL VOLUNTEERS 375 E. LITTLE CANADA RD. ST. PAUL, MN 55117	363352680	501C3		11,412.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
ASSET INDIA FOUNDATION 6201 N. CAMINO ESQUINA TUCSON, AZ 85718	205139364	501C3		11,376.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
WINGS 793 ASHBURY STREET SAN FRANCISCO, CA 94117	311759515	501C3		11,124.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
MBAS WITHOUT BORDERS 418-323 GEARY STREET SAN FRANCISCO, CA 94102	260316136	501C3		11,024.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
TECHNOSERVE 1800 M ST NW SUITE 1066 S TOWER WASHINGTON, DC 20036	132626135	501C3		10,882.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
NATIONAL FOUNDATION FOR ADVANCEMENT IN TH - 777 BRICKELL AVENUE, SUITE 370 - MIAMI, FL 33131	592141837	501C3		10,747.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
TECHNOLOGY ACCESS FOUNDATION 4436 RAINIER AVE S SEATTLE, WA 98118	911731833	501C3		10,544.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
SAN ANTONIO PUBLIC LIBRARY FOUNDATION - 625 SHOCK AVE - SAN ANTONIO, TX 78212	742283582	501C3		10,329.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

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 832241 02-01-10

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MERCY CORPS 3015 SW FIRST AVE. PORTLAND, OR 97201	911148123	501C3	10,107.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
UNITED NATIONS FOUNDATION 1800 MASSACHUSETTS AVENUE NW SUITE WASHINGTON, DC 20009	582368165	501C3		9,951.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HOMEBOY INDUSTRIES 130 W. BRUNO ST. LOS ANGELES, CA 90012	954800735	501C3		9,529.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
EQUALITY NOW PO BOX 20646 COLUMBUS CIRCLE STATION NEW YORK, NY 10023	133660566	501C3		9,477.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
MARCH OF DIMES 1275 MAMMONECK AVENUE WHITE PLAINS, NY 10605	131846366	501C3		9,438.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
SYNERGY SERVICES 400 E SIXTH ST PARKVILLE, MO 64152	430970674	501C3		9,426.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CAMP AMNICON 8450 E CAMP AMNICON RD SOUTH RANGE, WI 54874	410914504	501C3		9,361.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HOOPS 4 HOPE PO BOX 895 EAST HAMPTON, NY 11937	261668129	501C3		9,303.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

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MOVING PICTURES INC 1206 CORTE ENCANTO SAN MARCOS, CA 92069	205549454	N/A	8,715.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
AMERICAN FRIENDS OF NEVE SHALOM/WAHAT AL- - 12925 RIVERSIDE DRIVE 3RD FLOOR - SHERMAN OAKS, CA 91423	133441742	501C3	8,558.	0			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
ATLAS SERVICE CORPS 1133 19TH STREET NW 9TH FLOOR WASHINGTON, DC 20036	760834735	501C3	8,480.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
PUEBLO A PUEBLO, INC. P.O. BOX 11486 WASHINGTON, DC 20008	5222299340	501C3	8,399.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
PATHFINDER INTERNATIONAL - ETHIOPIA - 9 GALEN ST., SUITE 217 - WATERTOWN, MA 2472	530235320	501C3	7,897.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
GREEN MAP SYSTEM, INC 220A EAST 4TH STREET (FIRM-175 RIVINGTON LD, NYC 10002) - NEW YORK, NY 10009	134062364	501C3	7,874.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
ERICKSON CREATIVE GROUP 103 NORTH 5TH STREET LIVINGSTON, MT 59047	3522295318	N/A	7,824.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CHILDREN, INCORPORATED 4205 DOVER ROAD RICHMOND, VA 23221	540761510	501C3	7,597.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for  
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OMB No. 1545-0047  
**2009**  
 Open to Public  
 Inspection

Name of the organization

**GLOBALGIVING FOUNDATION, INC.**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAMS CAN BE FOUNDATION DREAMS CAN BE FOUNDATION 945 MENOHER BLVD. - JOHNSTOWN , PA 15905	311745079	501C3	7,581.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HOUSE OF THE CHILDREN 7336 SANTA MONICA BLVD #664 LOS ANGELES, CA 90046	954818043	501C3	7,513.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
EWB-USA 4665 NAUTILUS COURT SUITE 300 BOULDER, CO 80301	841589324	501C3	7,342.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
GLOBAL GRASSROOTS 45 LYME ROAD SUITE 206 HANOVER, NH 3755	412156862	501C3	7,125.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
CHEETAH CONSERVATION FUND P.O. BOX 2496 ALEXANDRIA, VA 22301	311726923	501C3	7,032.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
MADRE , AN INTERNATIONAL WOMEN'S HUMAN RIG - 121 WEST 27TH STREET #301 - NEW YORK, NY 10001	133280194	501C3	7,029.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
COACHING FOR COLLEGE PROGRAM, INC. 607 14TH STREET NW WASHINGTON, DC 20005	522274157	501C3	6,827.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
GIRLS TO WOMEN PO BOX 50368 EAST PALO ALTO, CA 94303	208766348	501C3	6,764.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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Name of the organization

**GLOBALGIVING FOUNDATION, INC.**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR INSPIRED TEACHING 1436 U ST, NW SUITE 400 WASHINGTON, DC 20009	521944180	501C3	6,680.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
WATERPARTNERS INTERNATIONAL 920 MAIN KANSAS CITY, MO 64105	582060131	501C3	6,614.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
INTERNATIONAL HOSPITAL FOR CHILDREN ~ 1900 BYRD AVENUE SUITE 204 - RICHMOND, VA 23230	541953305	501C3	6,587.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
ACTIONAID INTERNATIONAL USA 1420 K STREET NW SUITE 900 WASHINGTON, DC 20005	522277555	501C3	6,556.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
AFRICAID INC 25958 GENESSEE TRAIL RD PMB 234 GOLDEN, CO 80401	841549841	501C3	6,507.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
ARTS FOR ALL, INC. 419 LAFAYETTE STREET 2ND FLOOR NY, NY 10003	261589570	501C3	6,407.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
EDUCATION THROUGH MUSIC-LOS ANGELES (ETM) - 2501 W. BURBANK BLVD. SUITE 305 - BURBANK, CA 91505	870776958	501C3	6,289.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HANDS ALONG THE NILE DEVELOPMENT SERVICES - 1601 N. KENT ST., SUITE 1014 - ARLINGTON, VA 22209	133543436	501C3	6,260.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047  
**2009**  
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Name of the organization

**GLOBALGIVING FOUNDATION, INC.**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							Employer identification number
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARAH'S CIRCLE 4750 N. SHERIDAN ROAD SUITE 220 CHICAGO, IL 60640	363043662	501C3	6,197.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
GRID ALTERNATIVES 3833 MANILLA AVE. OAKLAND, CA 95609	260043353	501C3	6,070.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
KASUMISOU FOUNDATION 1300 HILLVIEW DRIVE MENLO PARK, CA 94025	943314146	501C3	6,001.	0			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
COMUNILIFE, INC 214 W. 29TH ST. NEW YORK CITY, NY 10001	133530299	501C3	5,979.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
NEAR EAST FOUNDATION (NEF) 90 BROAD STREET 15TH FLOOR NEW YORK, NY 10004	131624114	501C3	5,917.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
THE WATER PROJECT, INC. PO BOX 39487 CHARLOTTE, NC 28278	261455510	501C3	5,879.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HELP THE AFGHAN CHILDREN 3900 JERMANTOWN ROAD FAIRFAX, VA 22030	541695838	501C3	5,859.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
ENCOMPASS 517 S. MYRTLE AVE. #200 MONROVIA, CA 91016	201362033	501C3	5,836.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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Name of the organization

**GLOBALGIVING FOUNDATION, INC.**

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MAMA HOPE P O BOX 843 ROSS, CA 94957	260835534	501C3	5,609.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.	
GREEN EMPOWERMENT 140 SW YAHMILL STREET PORTLAND, OR 97204	931230409	501C3	5,600.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.	
CHRISTS SCHOOL ALUMNI ASSOCIATION OF NORT - 176 SPRINGFIELD BLVD - MACON, GA 31210	522191432	501C3	5,569.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.	
SELF-HELP INTERNATIONAL 703 SECOND AVE NW WAVERLY, IA 50677	420844679	501C3	5,567.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.	
COMMON GROUND - THE WESTSIDE HIV COMMUNITY - 2012 LINCOLN BLVD. - SANTA MONICA, CA 90405	954460765	501C3	5,505.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.	
PARKOUR VISIONS PO BOX 31562 SEATTLE, WA 98103	261856160	501C3	5,491.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.	
PARTNERSHIP WITH CHILDREN, INC 299 BROADWAY SUITE 1300 NEW YORK, NY 10007	135596751	501C3	5,479.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.	
HUMANITY HEALING FUND 9947 HULL STREET ROAD SUIT 117 RICHMOND, VA 23236	330767921	501C3	5,412.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.	

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047  
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**GLOBALGIVING FOUNDATION, INC.**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						Employer identification number	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURE STRATEGIES FOR HEALTH AND DEVELOP - VENTURE STRATEGIES INNOVATIONS 2401 E KATELLA AVE., SUITE 400 - ANAHEIM, CA 92806	100003045	501C3		5,393.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
THE CIRCLE OF WOMEN 32 BREAKWATER COVE CHELSEA, MA 02150	510539711	501C3		5,381.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
OPUS 118 HARLEM SCHOOL OF MUSIC 103 EAST 125TH ST 7TH FLOOR NEW YORK, NY 10035	133648982	501C3		5,347.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
FREE MINDS BOOK CLUB AND WRITING WORKSHOP - 2201 P STREET, NW WASHINGTON, DC 20037	432066514	501C3		5,332.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
RURAL CHINA EDUCATION FOUNDATION PO BOX 92424 ROCHESTER, NY 14692	202753350	501C3		5,297.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
PRIDELINES YOUTH SERVICES 180 NE 19TH STREET PO BOX 014304 MIAMI, FL 33101	650670159	501C3		5,265.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
PORLAND PUBLIC SCHOOLS 501 N. DIXON STREET PORTLAND, OR 97227	N/A			5,186.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
RARE 1840 WILSON BLVD SUITE 204 ALEXINGTON, VA 22201	237380563	501C3		5,127.	0.		TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

GLOBALGIVING FOUNDATION, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							Employer identification number
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEEP SPRINGS INTERNATIONAL PO BOX 694 GROVE CITY, PA 16127	205036775	501C3	5,083.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
MR HOLLAND'S OPUS FOUNDATION 4370 TUJUNGA AVE., STE 330 STUDIO CITY, CA 91604	954604927	501C3	5,061.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
THE RAFAEL LANDIVAR UNIVERSITY FOUNDATION - WALL STREET PLAZA - NEW YORK, NY 10005	06-1517503	501C3	62,020.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
MATHARI'S CHILDREN FUND 10 ROGERS STREET, UNIT P4 CAMBRIDGE, MA 02124	04-3545212	501C3	35,701.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
SAVE THE CHILDREN FEDERATION 54 WILTON ROAD WESTPORT, CT 06680	06-0726487	501C3	15,161.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
PLAYPUMPS INTERNATIONAL 1717 RHODE ISLAND AVENUE SUITE 700 WASHINGTON, DC 20036	04-3639391	501C3	13,561.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
HIMALAYAN YOUTH FOUNDATION 851 GEORGIA AVENUE WINTER PARK, FL 32789	04-3673492	501C3	8,694.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.
PARTNERS IN HEALTH (PIH) 641 HUNTINGTON AVE, 1ST FLOOR BOSTON, MA 02115	04-35667502	501C3	5,792.	0.			TO SUPPORT GRASSROOTS PROJECTS WORLDWIDE.

Schedule I-1 (Form 990) 2009



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

Department of the Treasury  
Internal Revenue Service

# **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

GLOBALGIVING FOUNDATION, INC.

Employer identification number

30-0108263

**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

- 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment? .....
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization? .....
- b Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

- 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? .....
- b Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

- 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

- 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VI, line 1a.

**SCHEDULE L**  
(Form 990 or 990-EZ)

**Department of the Treasury  
Internal Revenue Service**

## **Transactions With Interested Persons**

OMB No. 1545-0047

2009

**Open To Public  
Inspection**

---

**Name of the organization**

Employer identification number  
30-0108263

GLOBALGIVING FOUNDATION, INC.

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

...any, or none, are to be renounced by the organization

**Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total \$

### **Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

## **Part IV | Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MANY FUTURES, INC. (MFI)	GGF OWNS 98% OF MFI	-82,767.	CURRENT YEA	X	
EMERGENCE GROUP	JIM KREJCI HAS A >	41,250.	GGF EMPLOYS	X	
DENNIS WHITTLE	DENNIS WHITTLE, CEO	-82,767.	CURRENT YEA	X	
BLAB	TOM BIRD, GGF CHAIR	50,000.	IN JULY 200	X	

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

**Schedule L (Form 990 or 990-EZ) 2009**

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

GLOBALGIVING FOUNDATION, INC.

Employer identification number  
30-0108263

FORM 990, PART VI, SECTION A, LINE 2: MARI KURAISHI, PRESIDENT OF  
GLOBALGIVING FOUNDATION, IS THE SPOUSE OF DENNIS WHITTLE, CEO AND SECRETARY  
OF GLOBALGIVING FOUNDATION AND DIRECTOR OF BOTH GLOBALGIVING FOUNDATION AND  
MANYFUTURES INC.

FORM 990, PART VI, SECTION B, LINE 11: BEFORE FILING THE COMPLETED 990 A  
COPY IS SENT TO THE ENTIRE BOARD OF DIRECTORS. IT IS REVIEWED AND APPROVED  
BY THE ORGANIZATION'S CHAIRMAN.

FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES, OFFICERS, DIRECTORS  
AND TRUSTEES ARE REQUIRED TO EXECUTE A COPY OF THE ORGANIZATION'S CONFLICT  
OF INTEREST POLICY. SUCH EXECUTION CONSTITUTES SIGNING A STATEMENT OF  
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY. DENNIS WHITTLE,  
DIRECTOR, RECUSES HIMSELF FROM DISCUSSIONS AND VOTING ON MATTERS PERTAINING  
TO HIS WIFE, MARI KURAISHI, PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 15: WE CARRIED OUT A REVIEW OF ALL  
STAFF UNDER THE LEADERSHIP OF THE BOARD DIRECTOR CHARGED WITH COMPENSATION  
REVIEW, WITH A COMPETITIVELY SELECTED OUTSIDE CONSULTANT. THE CONSULTANT  
CARRIED OUT A REVIEW OF ALL SALARIES AND OTHER COMPENSATION AGAINST  
COMPARABILITY DATA. THE REVIEW AND VARIOUS APPROACHES TO COMPENSATION  
STRATEGY WAS THEN DISCUSSED WITH THE BOARD DIRECTOR, AND SUBSEQUENTLY  
DISCUSSED WITH AND APPROVED BY THE WHOLE BOARD. THE DELIBERATION AND  
DECISION WAS DULY RECORDED IN THE MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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► Attach to Form 990.

OMB No. 1545-0047

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Employer identification number  
30-0108263

AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, HI, MO

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS OF THE  
ORGANIZATION, THE FILED 990S AND THE IRS TAX EXEMPT DETERMINATION LETTER  
ARE POSTED ON THE ORGANIZATION'S WEB SITE. GOVERNING DOCUMENTS AND  
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

PART XI, LINE 2B

THE FOUNDATION'S FINANCIAL STATEMENTS WERE NOT AUDITED AS A STAND ALONE  
ENTITY. HOWEVER, THE FOUNDATION'S FINANCIAL STATEMENTS WERE AUDITED AS  
PART OF CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MANY FUTURES, INC. (MFI)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GGF OWNS 98% OF MFI. MR. WHITTLE AN EMPLOYEE OF GGF SERVES ON MFI'S BOARD.

(C) AMOUNT OF TRANSACTION \$ -82767.

(D) DESCRIPTION OF TRANSACTION: CURRENT YEAR LOSS ON INVESTMENT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: EMERGENCE GROUP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JIM KREJCI HAS A > 35% OWNERSHIP INTEREST IN EMERGENCE GROUP.

(C) AMOUNT OF TRANSACTION \$ 41250.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GLOBALGIVING FOUNDATION, INC.

Employer identification number  
30-0108263

(D) DESCRIPTION OF TRANSACTION: GGF EMPLOYS JIM KREJCI AS A CAP. RAISE

CONSULTANT AND PAYS THE EMERGENCE GROUP AT FAIR MARKET VALUE IN EXCHANGE  
FOR HIS SERVICES PERFORMED.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DENNIS WHITTLE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DENNIS WHITTLE, CEO OF GGF ALSO SERVES ON THE BOARD OF MFI AND GGF.

(C) AMOUNT OF TRANSACTION \$ -82767.

(D) DESCRIPTION OF TRANSACTION: CURRENT YEAR LOSS ON INVESTMENT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BLAB

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TOM BIRD, GGF CHAIRMAN, SITS ON THE BOARD OF BLAB

(C) AMOUNT OF TRANSACTION \$ 50000.

(D) DESCRIPTION OF TRANSACTION: IN JULY 2009, THE FOUNDATION LOANED  
\$50,000 TO BLAB. THE ANNUAL INTEREST RATE IS 2.5%. INTEREST IS PAYABLE  
SEMI-ANNUALLY IN ARREARS ON EACH JUNE 30TH AND DECEMBER 31ST. THE  
PRINCIPAL SUM PLUS ANY UNPAID INTEREST IS DUE JUNE 30, 2014.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART VI, SECTION B. POLICIES, LINE 16B, JOINT VENTURES  
WHILE GLOBALGIVING FOUNDATION (GGF) DOES NOT HAVE A WRITTEN POLICY OR  
PROCEDURE REGARDING JOINT VENTURES IN TAXABLE ENTITIES IT HAS THE  
PRACTICE OF CONSULTING WITH AND DEFERRING TO ITS BOARD OF DIRECTORS IN

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GLOBALGIVING FOUNDATION, INC.

Employer identification number  
30-0108263

TRANSACTIONS OF THIS NATURE. FROM ITS INCEPTION GGF HAS HAD A BUSINESS  
RELATIONSHIP WITH MANYFUTURES, INC. (MFI) WHICH PROVIDES THE  
SOFTWARE/WEB PLATFORM THAT ENABLES THE FOUNDATION TO SOLICIT FUNDS FROM  
DONORS FOR THE FOUNDATION APPROVED PROJECTS AND OVER THE YEARS LOANED  
MONEY TO MFI VIA A CONVERTIBLE NOTE STRUCTURE. IN 2008 GGF'S BOARD OF  
DIRECTORS DECIDED TO ENTER INTO AN AGREEMENT WITH MFI CONVERTING NOTES  
RECEIVABLE OF \$7,718,203 INTO 43,098,822 SHARES OF COMMON STOCK IN  
MFI. GGF NOW OWNS 98% OF THE SHARES OF STOCK IN MFI. MFI IS A  
DELAWARE TAXABLE FOR-PROFIT CORPORATION FORMED TO PROVIDE WEBSITE AND  
CONSULTING SERVICES RELATING TO INTERNATIONAL PHILANTHROPY.

FORM 990, PART VII - JIM KREJCI:

AS OF JANUARY, 2009, JIM KREJCI ENDED HIS SERVICE AS AN OFFICER OF  
GLOBALGIVING FOUNDATION'S BOARD OF DIRECTORS. HE CONTINUES TO PROVIDE  
CONSULTING SERVICES TO GLOBALGIVING FOUNDATION AND IS COMPENSATED  
ACCORDINGLY AT FMV IN EXCHANGE FOR SERVICES PERFORMED.

### Name of the organization

GLOBALGIVING FOUNDATION, INC.

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 8839 Part IV line 33.)

## **Part II Identification of Related Tax-Exempt Organizations during the tax year)**

HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as corporations, trusts, or partnerships.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MANY FUTURES, INC. - 52-2273760	OPERATIONALLY	DE	CORP	-82,767.	107,669.	98.85%	
1023 15TH ST., NW	INACTIVE.						
WASHINGTON, DC 20005							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| a Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to other organization(s) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c Gift, grant, or capital contribution from other organization(s) .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for other organizations(s) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e Loans or loan guarantees by other organization(s) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| f Sale of assets to other organization(s) .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| g Purchase of assets from other organization(s) .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| h Exchange of assets .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| i Lease of facilities, equipment, or other assets to other organization(s) .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets from other organization(s) .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| k Performance of services or membership or fundraising solicitations for other organization(s) .....                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations by other organization(s) .....                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| m Sharing of facilities, equipment, mailing lists, or other assets .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| n Sharing of paid employees .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| o Reimbursement paid to other organization for expenses .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| p Reimbursement paid by other organization for expenses .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| q Other transfer of cash or property to other organization(s) .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property from other organization(s) .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) MANY FUTURES, INC.		0.
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		

**Part VI      Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form Qn Part IV line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2009

928.102  
06-24-06

(D) - Asset disposed

\* ITC Section 179 Salvage Bonus Commercial Revitalization Deduction