

Return of Organization Exempt from Income Tax

2003

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 1/01, 2003, and ending 6/30, 2004

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions.

CITIZENS FOR GLOBAL SOLUTIONS, INC. FORMERLY: CAMPAIGN FOR UN REFORM, INC. 418 7TH STREET, SE WASHINGTON, DC 20003

D Employer Identification Number 22-2083167 E Telephone number 202-546-3950 F Accounting method: Cash, Accrual, Other

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

- H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: WWW.GLOBALSOLUTIONS.ORG

J Organization type (check only one) 501(c) 4 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 302,455.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest, dividends, gross rents, other investment income, special events, and total revenue/expenses.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 1 (cash \$ 12,000. non-cash \$ _____)	12,000.	12,000.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	15,461.	10,032.	5,178.	251.
26	Other salaries and wages	49,031.	36,147.	9,617.	3,267.
27	Pension plan contributions				
28	Other employee benefits	9,130.	6,537.	2,091.	502.
29	Payroll taxes	5,243.	3,754.	1,201.	288.
30	Professional fundraising fees	2,642.			2,642.
31	Accounting fees	2,135.		2,135.	
32	Legal fees				
33	Supplies	441.	316.	101.	24.
34	Telephone	2,349.	2,258.	23.	68.
35	Postage and shipping	75,929.	48,341.	17,299.	10,289.
36	Occupancy	4,538.	3,249.	1,039.	250.
37	Equipment rental and maintenance	1,524.	1,091.	349.	84.
38	Printing and publications	74,494.	46,899.	11,615.	15,980.
39	Travel	292.		74.	218.
40	Conferences, conventions, and meetings	60.		60.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	4,180.	2,712.	1,260.	208.
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 2	46,477.	26,873.	16,627.	2,977.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	305,926.	200,209.	68,669.	37,048.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 153,048. ; (ii) the amount allocated to Program services \$ 104,715. ; (iii) the amount allocated to Management and general \$ 26,982. ; and (iv) the amount allocated to Fundraising \$ 21,351.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>SEE STATEMENT 3</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a EDUCATING ABOUT GLOBAL INTERDEPENDENCE, COMMUNICATING TO PUBLIC OFFICIALS, AND DEVELOPING PROPOSALS TO CREATE, REFORM, AND STRENGTHEN INSTITUTIONS LIKE THE UN. (Grants and allocations \$ 12,000.)	200,209.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	200,209.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash — non-interest-bearing	7,935.	45	8,156.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	1,739.	47 c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,006.	53	
	54 Investments — securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55 c	
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	13,957.			
b Less: accumulated depreciation (attach schedule)	STATEMENT 4 12,308.	2,042.	57 c	1,649.
58 Other assets (describe ▶ _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)		14,722.	59	9,805.
L I A B I L I T I E S	60 Accounts payable and accrued expenses	9,348.	60	4,050.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ <u>SEE STATEMENT 5</u>)	1,392.	65	5,244.
66 Total liabilities (add lines 60 through 65)		10,740.	66	9,294.
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,982.	67	511.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		3,982.	73	511.
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		14,722.	74	9,805.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements. ▶	a			a Total expenses and losses per audited financial statements. ▶	a	
b Amounts included on line a but not on line 12, Form 990:				b Amounts included on line a but not on line 17, Form 990:		
(1) Net unrealized gains on investments. . . . \$				(1) Donated services and use of facilities. \$		
(2) Donated services and use of facilities. \$				(2) Prior year adjustments reported on line 20, Form 990. . . . \$		
(3) Recoveries of prior year grants. \$				(3) Losses reported on line 20, Form 990. . . . \$		
(4) Other (specify):				(4) Other (specify):		
----- \$				----- \$		
Add amounts on lines (1) through (4). . . . ▶	b			Add amounts on lines (1) through (4). . . . ▶	b	
c Line a minus line b ▶	c			c Line a minus line b ▶	c	
d Amounts included on line 12, Form 990 but not on line a :				d Amounts included on line 17, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990. \$				(1) Investment expenses not included on line 6b, Form 990. \$		
(2) Other (specify):				(2) Other (specify):		
----- \$				----- \$		
Add amounts on lines (1) and (2). . . ▶	d			Add amounts on lines (1) and (2). . . ▶	d	
e Total revenue per line 12, Form 990 (line c plus line d). ▶	e			e Total expenses per line 17, Form 990 (line c plus line d). ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6				
-----		15,462.	1,611.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)

		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a	X	
b If 'Yes,' enter the name of the organization SEE STATEMENT 7 and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a Enter direct and indirect political expenditures. See line 81 instructions. 81a 6,969.	81a		
b Did the organization file Form 1120-POL for this year?	81b	N/A	
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		X
c Dues, assessments, and similar amounts from members. 85c N/A	85c		
d Section 162(e) lobbying and political expenditures. 85d N/A	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e N/A	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e). 85f N/A	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12. 86a N/A	86a		
b Gross receipts, included on line 12, for public use of club facilities. 86b N/A	86b		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 87a N/A	87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A	87b		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.			
90a List the states with which a copy of this return is filed SEE STATEMENT 8			
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 0	90b		
91 The books are in care of THE ORGANIZATION Telephone number 202-546-3950 Located at 418 7TH STREET, SE, WASHINGTON, DC ZIP + 4 20003			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A			

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					104,787.
95 Interest on savings & temporary cash invmnts . .					
96 Dividends & interest from securities . . .			14	26.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop . . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue: a _____					
b MISCELLANEOUS INCOME					938.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				26.	105,725.
105 Total (add line 104, columns (B), (D), and (E))					105,751.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	MEMBERSHIP DUES PROVIDE REVENUE TO CARRY ON THE PURPOSES OF THE ORGANIZATION.
103B	INCIDENTAL REVENUES RELATED TO REIMBURSED EXPENSES AND VARIOUS OTHER NON-SPECIFIC RECEIPTS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

Signature of officer: AARON M. KNIGHT, COO Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JAY R. DEFIBAUGH, CPA Date: _____

Check if self-employed:

Preparer's SSN or PTIN (see General Instruction W): P00067025

Firm's name (or yours if self-employed): DENBURG & LOW, PA, CPAS

EIN: 52-1468002

address, and ZIP + 4: 1350 CONNECTICUT AVE, NW, #850 WASHINGTON, DC 20036

Phone no.: (202) 785-5600

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2003

Name of organization CITIZENS FOR GLOBAL SOLUTIONS, INC. FORMERLY: CAMPAIGN FOR UN REFORM, INC.	Employer identification number 22-2083167
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Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(4) (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 box(es) for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations 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 Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization

Employer identification number

CITIZENS FOR GLOBAL SOLUTIONS, INC.

22-2083167

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 110,000.	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.)

Name of organization CITIZENS FOR GLOBAL SOLUTIONS, INC.	Employer identification number 22-2083167
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Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization: **CITIZENS FOR GLOBAL SOLUTIONS, INC.** Employer identification number: **22-2083167**

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

STATEMENT 1
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF ARIZONA		
DONEE'S ADDRESS:	622 S 83RD WAY MESA, AZ 85208-4766		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:		\$	450.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF BALTIMORE		
DONEE'S ADDRESS:	6731 VALLEY CREEK DR GWYNN OAK, MD 21207-5321		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:			450.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF CHICAGO		
DONEE'S ADDRESS:	6542 N SEELEY AVE CHICAGO, IL 60645		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:			450.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF DENVER		
DONEE'S ADDRESS:	2216 S VENTURA ST AURORA, CO 80013-4254		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:			450.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF NE		
DONEE'S ADDRESS:	2161 MASSACHUSETTS AVE CAMBRIDGE, MA 02140-1336		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:			2,250.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF SOUTHERN CALIFORNIA		
DONEE'S ADDRESS:	821 8TH STREET MANHATTEN BCH, CA 90266-5864		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:			2,700.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF UTAH		
DONEE'S ADDRESS:	3690 E MILLCREEK RD SALT LAKE CITY, UT 84109		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:			450.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF BOULDER		
DONEE'S ADDRESS:	4500 19TH STREET, LOT 314 BOULDER, CO 80304-0618		
RELATIONSHIP OF DONEE:	CHAPTER		

STATEMENT 1 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN: \$ 450.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF OBERLIN
 DONEE'S ADDRESS: 225 HOLLYWOOD STREET
 OBERLIN, OH 44074-1011
 RELATIONSHIP OF DONEE: CHAPTER

AMOUNT GIVEN: 450.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF PORTLAND
 DONEE'S ADDRESS: 2823 SE SPYGLASS DR
 VANCOUVER, WA 98683-5185
 RELATIONSHIP OF DONEE: CHAPTER

AMOUNT GIVEN: 450.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF WHITEWATER
 DONEE'S ADDRESS: 435 W. STARIN ROAD, APT 118A
 WHITEWATER, WI 53109-1133
 RELATIONSHIP OF DONEE: CHAPTER

AMOUNT GIVEN: 300.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF MADISON
 DONEE'S ADDRESS: 501 N WHITNEY WAY
 MADISON, WI 53705
 RELATIONSHIP OF DONEE: CHAPTER

AMOUNT GIVEN: 150.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF MILWAUKEE
 DONEE'S ADDRESS: 125 N UNIVERSITY DR, APT 322
 WEST BEND WI 53705
 RELATIONSHIP OF DONEE: CHAPTER

AMOUNT GIVEN: 450.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF MINNESOTA
 DONEE'S ADDRESS: 5492 E BALD EAGLE BLVD
 ST PAUL, MN 55110
 RELATIONSHIP OF DONEE: CHAPTER

AMOUNT GIVEN: 600.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF AKRON
 DONEE'S ADDRESS: 32 FIR HILL
 AKRON, OH 44304
 RELATIONSHIP OF DONEE: CHAPTER

AMOUNT GIVEN: 450.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF CORVALLIS
 DONEE'S ADDRESS: 1544 NW DIXON STREET
 CORVALLIS, OR 97330-4651

STATEMENT 1 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:		\$	450.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF DANE COUNTY		
DONEE'S ADDRESS:	501 N WHITNEY WAY, APT 7 MADISON, WI 53095-2954		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:			300.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF ST LOUIS		
DONEE'S ADDRESS:	1130 BIG SKY DRIVE FENTON, MO 63026		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:			450.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	CGS OF NEW YORK		
DONEE'S ADDRESS:	14110 82ND DRIVE JAMAICA, NY 11435-1134		
RELATIONSHIP OF DONEE:	CHAPTER		
AMOUNT GIVEN:			300.
TOTAL GRANTS AND ALLOCATIONS			<u>\$ 12,000.</u>

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
BANK CHARGES	1,023.		1,023.	
COMPUTER NETWORK	4,258.	2,626.	1,135.	497.
CONSULTANTS	26,007.	17,374.	8,633.	
COPYING	11,871.	4,529.	4,897.	2,445.
DEVELOPMENT	81.		81.	
DUES & SUBSCRIPTIONS	150.	73.	77.	
INSURANCE	640.	458.	147.	35.
MISCELLANEOUS	634.		634.	
WEB DEVELOPMENT	1,813.	1,813.		
TOTAL	<u>\$ 46,477.</u>	<u>\$ 26,873.</u>	<u>\$ 16,627.</u>	<u>\$ 2,977.</u>

STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTING A FUTURE IN WHICH NATIONS WORK TOGETHER TO ABOLISH WAR, PROTECT OUR RIGHTS AND FREEDOMS, AND SOLVE THE PROBLEMS FACING HUMANITY THAT NO NATION CAN SOLVE ALONE.

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 13,957.	\$ 12,308.	\$ 1,649.
TOTAL	\$ <u>13,957.</u>	\$ <u>12,308.</u>	\$ <u>1,649.</u>

STATEMENT 5
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DUE TO CGS ED FUND.....	\$ 4,297.
PAYROLL TAX LIABILITIES.....	947.
TOTAL	\$ <u>5,244.</u>

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARJORIE RAMP 418 7TH STREET, SE WASHINGTON, DC 20003	CHAIR NEC	\$ 0.	\$ 0.	\$ 0.
TOM CAMARELLA 418 7TH STREET, SE WASHINGTON, DC 20003	VICE CHAIR NEC	0.	0.	0.
WENDEL HARTER 418 7TH STREET, SE WASHINGTON, DC 20003	SECRETARY NEC	0.	0.	0.
BILL FISHER 418 7TH STREET, SE WASHINGTON, DC 20003	TREASURER NEC	0.	0.	0.

STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
AARON M. KNIGHT 418 7TH STREET, SE WASHINGTON, DC 20003	INTRM PRES/CEO NEC	\$ 15,462.	\$ 1,611.	\$ 0.
DAWN CALABIA 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
WILLIAM E. CURRY 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
MARK EPSTEIN 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
ANNE FISHER 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
TONY FLEMING 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
RONALD J. GLOSSOP 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
EARL JAMES 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
SUSAN MYERS 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
DANIEL ORTH 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
NEAL POTTER 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.
FLOYD L. RAMP 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC		0.	0.

STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
KERMIT ROHDE 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	\$ 0.	\$ 0.	\$ 0.
RAY SHORT 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
ELIZABETH L. THOMPSON 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
TOTAL		<u>\$ 15,462.</u>	<u>\$ 1,611.</u>	<u>\$ 0.</u>

STATEMENT 7
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
CITIZENS FOR GLOBAL SOLUTIONS ED FD	X	
WORLD FEDERALIST ASSN, DBA	X	

STATEMENT 8
FORM 990, PART VI, LINE 90A
LIST OF STATES WHICH THIS RETURN IS FILED

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