

Return of Organization Exempt from Income Tax

2004

**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 2004 calendar year, or tax year beginning 7/01 , **2004, and ending** 6/30 , **2005**

- 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.
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 (specify) ▶

● **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? . . . Yes No
- H (b)** If 'Yes,' enter number of affiliates ▶
- H (c)** Are all affiliates included? Yes No
(If 'No,' attach a list. See instructions.)
- H (d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number. . . ▶
- M** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ WWW.GLOBALSOLUTIONS.ORG

J Organization type (check only one) ▶ 501(c) 4 ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 680,373.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1 a	602,131.	
	b Indirect public support	1 b		
	c Government contributions (grants)	1 c		
	d Total (add lines 1a through 1c) (cash \$ <u>602,131.</u> noncash \$ _____)	1 d	602,131.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3	77,914.	
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5	125.	
	6a Gross rents	6 a		
	b Less: rental expenses	6 b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6 c		
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	8 a			
	8 b			
	8 c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8 d			
9 Special events and activities (attach schedule). If any amount is from gaming , check here. <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9 a			
b Less: direct expenses other than fundraising expenses	9 b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c			
10a Gross sales of inventory, less returns and allowances	10 a			
	10 b			
	10 c			
11 Other revenue (from Part VII, line 103)	11	203.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	680,373.		
EXPENSES	13 Program services (from line 44, column (B))	13	388,123.	
	14 Management and general (from line 44, column (C))	14	142,468.	
	15 Fundraising (from line 44, column (D))	15	71,604.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	602,195.	
ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	78,178.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	511.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	-1.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	78,688.	

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 2 (cash \$ 20,363. non-cash \$ _____)	20,363.	20,363.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	51,180.	15,983.	12,794.	22,403.
26	Other salaries and wages	132,382.	91,027.	29,735.	11,620.
27	Pension plan contributions	4,132.	2,393.	966.	773.
28	Other employee benefits	12,532.	7,258.	2,930.	2,344.
29	Payroll taxes	17,027.	9,704.	4,189.	3,134.
30	Professional fundraising fees	54,000.	33,480.	14,040.	6,480.
31	Accounting fees	12,592.	168.	12,370.	54.
32	Legal fees	3,467.		3,467.	
33	Supplies	495.	236.	183.	76.
34	Telephone	2,048.	1,163.	543.	342.
35	Postage and shipping	60,652.	39,172.	13,092.	8,388.
36	Occupancy	8,210.	4,766.	1,905.	1,539.
37	Equipment rental and maintenance	2,959.	1,714.	692.	553.
38	Printing and publications	163,950.	141,026.	11,602.	11,322.
39	Travel	1,183.	1,183.		
40	Conferences, conventions, and meetings	1,823.	1,240.	334.	249.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	6,747.	3,453.	2,179.	1,115.
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 3	46,453.	13,794.	31,447.	1,212.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	602,195.	388,123.	142,468.	71,604.

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 \$ 181,838. ; (ii) the amount allocated to Program services \$ 123,358. ; (iii) the amount allocated to Management and general \$ 32,488. ; and (iv) the amount allocated to Fundraising \$ 25,992. .

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>EDUCATING ABOUT GLOBAL INTERDEPENDENCE, COMMUNICATING TO PUBLIC OFFICIALS, AND DEVELOPING PROPOSALS TO CREATE, REFORM, AND STRENGTHEN INSTITUTIONS LIKE THE UN.</u> (Grants and allocations \$ 20,563.)	388,123.
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)	388,123.

Part IV Balance Sheets (See Instructions)

Note: <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>		(A) Beginning of year		(B) End of year	
A S S E T S	45 Cash – non-interest-bearing	8,156.	45	64,875.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	5,257.			
	b Less: allowance for doubtful accounts		47c	5,257.	
	48a Pledges receivable		48a		
	b Less: allowance for doubtful accounts		48b	48c	
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch.)		51a		
	b Less: allowance for doubtful accounts		51b	51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a Investments – land, buildings, & equipment: basis		55a		
	b Less: accumulated depreciation (attach schedule)		55b	55c	
56 Investments – other (attach schedule)		56			
57a Land, buildings, and equipment: basis	13,957.				
b Less: accumulated depreciation (attach schedule)	13,093.				
58 Other assets (describe ▶ <u>SEE STATEMENT 6</u>)		1,649.	57c	864.	
59 Total assets (add lines 45 through 58) (must equal line 74)		9,805.	58	8,630.	
59 Total assets (add lines 45 through 58) (must equal line 74)		9,805.	59	79,626.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	4,050.	60	938.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ _____)		5,244.	65	
66 Total liabilities (add lines 60 through 65)		9,294.	66	938.	
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	511.	67	78,688.	
	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)		511.	73	78,688.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		9,805.	74	79,626.

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 7				
-----		51,180.	1,796.	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? SEE STATEMENT 8. ▶ 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.		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		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?	X	
80b	If 'Yes,' enter the name of the organization SEE STATEMENT 9		
81a	Enter direct and indirect political expenditures. See line 81 instructions. <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81b	Did the organization file Form 1120-POL for this year?		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?		X
82b	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.)		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	X	
85b	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.		X
85c	Dues, assessments, and similar amounts from members.		N/A
85d	Section 162(e) lobbying and political expenditures.		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
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.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
89b	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.		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 10		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		0
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. <input type="checkbox"/> 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 . . .					77,914.
95 Interest on savings & temporary cash invmnts . .					
96 Dividends & interest from securities . . .			14	125.	
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					203.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				125.	78,117.
105 Total (add line 104, columns (B), (D), and (E))					78,242.

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	0%			
	0%			
	0%			
	0%			

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: _____ Date: _____

CHARLES J. BROWN, PRESIDENT & CEO
Type or print name and title.

Paid Preparer's Use Only

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

Firm's name (or yours if self-employed), address, and ZIP + 4: DENBURG & LOW, PA, CPAS
1350 CONNECTICUT AVE, NW, #850
WASHINGTON, DC 20036

Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): P00067025

EIN: 52-1468002 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

2004

Name of organization

CITIZENS FOR GLOBAL SOLUTIONS, INC.

Employer identification number

22-2083167

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 boxes 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 2 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, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2004)

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	----- ----- -----	\$ 20,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 72,756.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 15,000.	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.)

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

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions.
▶ Attach to your tax return.

Name(s) shown on return

CITIZENS FOR GLOBAL SOLUTIONS, INC.

Identifying number

22-2083167

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses.	1	\$102,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation.	3	\$410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs).	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12.	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).	14	
15	Property subject to section 168(f)(1) election (see instructions).	15	
16	Other depreciation (including ACRS) (see instructions).	16	6,747.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004.	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property.						
b 5-year property.						
c 7-year property.						
d 10-year property.						
e 15-year property.						
f 20-year property.						
g 25-year property.			25 yrs		S/L	
h Residential rental property.			27.5 yrs	MM	S/L	
i Nonresidential real property.			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life.					S/L	
b 12-year.			12 yrs		S/L	
c 40-year.			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28.	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions.	22	6,748.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

**STATEMENT 1
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ROUNDING TOTAL \$ -1.
\$ -1.

**STATEMENT 2
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: \$ 600.

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: 600.

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: 600.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF CAPE COD
 DONEE'S ADDRESS: 420 WOODS HOLE ROAD
 WOODS HOLE, MA 02543-1523
 RELATIONSHIP OF DONEE: CHAPTER
 AMOUNT GIVEN: 600.

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: 6,300.

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: 600.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF BOULDER
 DONEE'S ADDRESS: 4500 19TH STREET, LOT 314
 BOULDER, CO 80304-0618

CITIZENS FOR GLOBAL SOLUTIONS, INC.

22-2083167

STATEMENT 2 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

RELATIONSHIP OF DONEE: CHAPTER
 AMOUNT GIVEN: \$ 600.

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: 600.

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: 600.

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: 600.

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: 600.

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: 600.

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: 600.

CLASS OF ACTIVITY: GRANT
 DONEE'S NAME: CGS OF CORVALLIS
 DONEE'S ADDRESS: 1544 NW DIXON STREET

CITIZENS FOR GLOBAL SOLUTIONS, INC.

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STATEMENT 2 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS
CASH GRANTS AND ALLOCATIONS

RELATIONSHIP OF DONEE: AMOUNT GIVEN:	CORVALLIS, OR 97330-4651 CHAPTER	\$	600.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT CGS DC YI 8018 LAKECREST DR GREENBELT, MD 20770-3307		
RELATIONSHIP OF DONEE: AMOUNT GIVEN:	CHAPTER		300.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT CGS OF ST LOUIS 1130 BIG SKY DRIVE FENTON, MO 63026		
RELATIONSHIP OF DONEE: AMOUNT GIVEN:	CHAPTER		600.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT CGS OF MAINE 64 GARDNER ROAD ORONO, ME 04473-3403		
RELATIONSHIP OF DONEE: AMOUNT GIVEN:	CHAPTER		600.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT CGS OF MANSFIELD 98 MANSFIELD HOLLOW ROAD MANSFIELD CTR, CT 06250-1316		
RELATIONSHIP OF DONEE: AMOUNT GIVEN:	CHAPTER		600.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT CGS OF PHILADELPHIA 1018 W CLIVEDEN ST PHILADELPHIA, PA 19119-3701		
RELATIONSHIP OF DONEE: AMOUNT GIVEN:	CHAPTER		600.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT CGS OF PITTSBURGH 239 4TH AVE, SUITE 607 PITTSBURGH, PA 15222-1706		
RELATIONSHIP OF DONEE: AMOUNT GIVEN:	CHAPTER		2,513.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GRANT CGS OF SACRAMENTO 686 RIVERLAKE WAY SACRAMENTO, CA 95831-1123		
RELATIONSHIP OF DONEE: AMOUNT GIVEN:	CHAPTER		450.

 TOTAL GRANTS AND ALLOCATIONS \$ 20,363.

CITIZENS FOR GLOBAL SOLUTIONS, INC.

22-2083167

**STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
CONSULTANTS	24,623.	4,097.	20,526.	
DUES & SUBSCRIPTIONS	1,200.		1,200.	
GOVT FEES & REGS	3,424.		3,398.	26.
INSURANCE	1,324.	767.	309.	248.
MISCELLANEOUS	524.	280.	242.	2.
SERVICE CHARGES	5,772.		5,772.	
WEBSITE EXPENSE	9,586.	8,650.		936.
TOTAL	<u>\$ 46,453.</u>	<u>\$ 13,794.</u>	<u>\$ 31,447.</u>	<u>\$ 1,212.</u>

**STATEMENT 4
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 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
FURNITURE AND FIXTURES	\$ 13,957.	\$ 13,093.	\$ 864.
TOTAL	<u>\$ 13,957.</u>	<u>\$ 13,093.</u>	<u>\$ 864.</u>

**STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS**

DUE FROM CGS ED FUND.....	\$ 8,630.
TOTAL	<u>\$ 8,630.</u>

CITIZENS FOR GLOBAL SOLUTIONS, INC.

22-2083167

**STATEMENT 7
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>
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.
CHARLES J. BROWN 418 7TH STREET, SE WASHINGTON, DC 20003	PRESIDENT & CEO 8	21,250.	0.	0.
DAWN CALABIA 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
WILLIAM E. CURRY 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
MARK EPSTEIN 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
ANNE FISHER 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
TONY FLEMING 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
RONALD J. GLOSSOP 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
EARL JAMES 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.

CITIZENS FOR GLOBAL SOLUTIONS, INC.

22-2083167

STATEMENT 7 (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>
SUSAN MYERS 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	\$ 0.	\$ 0.	\$ 0.
DANIEL ORTH 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
NEAL POTTER 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
FLOYD L. RAMP 418 7TH STREET, SE WASHINGTON, DC 20003	DIRECTOR NEC	0.	0.	0.
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.
AARON KNIGHT 418 7TH STREET, SE WASHINGTON, DC 20003	EXEC VP & COO 16	29,930.	1,796.	0.
TOTAL		<u>\$ 51,180.</u>	<u>\$ 1,796.</u>	<u>\$ 0.</u>

STATEMENT 8
FORM 990, PART V, LINE 75
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND RELATED ORGANIZATION</u>	<u>COMPEN- SATION</u>	<u>CONTRIB- TION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
CHARLES J. BROWN WORLD FEDERALIST ASSOCIATION 52-6081813	\$ 92,438.	\$ 0.	\$ 0.
TOTAL		<u>\$ 92,438.</u>	<u>\$ 0.</u>

CITIZENS FOR GLOBAL SOLUTIONS, INC.

22-2083167

**STATEMENT 9
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 10
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